



Chicago Star Scholar Application

In recognition of the educational excellence of Chicago Star Scholarship students, CCC Star Scholars who graduate from CCC with an Associate Degree and a minimum GPA of 3.0 will be admitted to Northeastern Illinois University and will be eligible to receive an NEIU Star Scholar Award. Awards for tuition and fees will vary depending on student's financial aid eligibility. For questions, contact Dan Zobott, Transfer Liaison at D-Zobott1@neiu.edu or (773) 442-4018.

Application Deadline

Application Deadlines

Fall – July 15
Spring – December 1
Summer – April 1

Return Application to:

Daniel Zobott, Transfer Liaison
Northeastern Illinois University
5500 N St Louis Ave
Chicago, IL 60625
D-Zobott1@neiu.edu

Directions

City Colleges of Chicago Star Scholars must meet the following criteria in order to receive an award which will cover tuition, fees, and books not covered by financial aid:

- Complete an Associate of Arts or Associate of Science Degree
- Cumulative GPA of 3.0, or higher
- Must complete a FAFSA to determine financial aid eligibility
- Must declare a major or premajor within your first semester at Northeastern
- Must maintain a cumulative 3.0 GPA to be considered for renewal
- Must complete 30 credit hours at Northeastern over the course of three consecutive semesters (may include Summer) to maintain eligibility
- Scholars are eligible for the Star Scholarship for a maximum of two years

General Information

Please print:

Name _____

Address _____

City _____ State _____ Zip _____

(Continued on next page)

Telephone () _____ Birthdate _____
(Optional)

E-Mail Address _____

City College Campus Attended _____

Intended Major _____ Cumulative GPA _____ Total Earned Credit Hours _____

Anticipated Graduation Date _____ ___ A.A. or ___ A.S. (check one)

Intended term you plan on enrolling ___ Fall ___ Spring ___ Summer _____
(Check One) (Year)

Have you completed your FAFSA for the upcoming academic year? Yes _____ No _____

Award Form Certification

I certify that all information provided on this form is complete and accurate to the best of my knowledge. I authorize the Office of Enrollment Services and Financial Aid Office to verify the information that is contained in this form.

Signature _____ Date _____

FERPA Statement

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, I understand that my education records cannot be released without my written permission. I authorize the release of my academic records from Northeastern Illinois University (NEIU) to City Colleges of Chicago (CCC), and the additional release of any additional academic records from CCC to NEIU, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement of my academic records at any time by notifying the University Registrar at Northeastern Illinois University.

I understand the FERPA statement and agree to my student records being shared between NEIU and CCC for the purposes of advising and verifying eligibility for the Star Scholar Award Program.

STUDENT SIGNATURE (required)

Date of Signature