

Hudson County Community College S-STEM Financial Release Form

I request that the Financial Aid Office of Hudson County Community College provide results of my financial need analysis to the S-STEM scholarship Committee for the purpose of considering me for the S-STEM scholarship.

First Name: _____ Last Name: _____

Student ID: _____

Email Address: _____

STEM Major: _____

Phone (____) _____ - _____

Mail or submit this form to:

S-STEM Scholarship Committee

Dr. Fatma Tat

Chemistry Instructor, STEM Division

Hudson County Community College

263 Academy Street, Room 605 C

Jersey City, NJ 07306