



University Heights, Student Mall/Bursar Office
Newark NJ 07102
973-596-2877

Student Name: _____ Student ID: _____ Term: _____

Dear Sponsor:

Your scholarship check # _____ requires the following information before processing. (Copy of check attached)

Scholarship is intended to cover. (Please check all that apply)

- Tuition and Fees
- Housing/Meals
- Books
- Up to Cost of Attendance (May generate a refund)

Term(s) funds to be used for (Check One)

- Fall
- Spring
- Summer
- Academic Year (Split equally between Fall & Spring)

Funds are to be used (Check one)

- Before any other scholarships and aid has been applied
- After all other scholarships and aid has been applied first
- NJIT to use their guidelines for application of funds

If excess funds are present after application of funds (Check one)

- Student may receive refund
- Funds can be used for future term within academic year
- Funds can be used for future terms as long as student is attending
- Excess must be returned to scholarship. (Please complete attached W9 for processing of refund)

Sponsor Name: _____

Full Address: _____

Phone #: _____ Contact Person: _____

Return within 7 days via mail or scan and email to: Thirdparty@njit.edu

