



Corporate Partners Scholarship and Verification Form for Employees, Spouses, and Dependents of Bergen New Bridge Medical Center.

Student ID#/Last 4 of SSN:	<del></del>	
Today's Date:		
Please complete this form and submit <a href="mailto:admissions@caldwell.edu">admissions@caldwell.edu</a> . This form is scholarship.		· · · · · · · · · · · · · · · · · · ·
Last Name:	First Name:	M.I
Mobile Phone: E	mail Address:	
Street Address:		
City/State/ZIP:		
Relationship to Bergen New Bridge Me	edical Center:Employee [	Medical Staff Spouse/Dependent
Degree Level:Bachelor's	Master's	Doctorate
I Plan to Register For: Fall	Spring	Summer
Signature of Participant:		Date:
Employee Signature (if different):		Date:
By accepting this agreement, I underst employment with Bergen New Bridge	•	
This is to certify that the above named Scholarship provided through Caldwell Bergen New Bridge Medical Center.		•
Name of Employee:		
		Date:
Bergen New Bridge Medical Center, Re	epresentative Signature	

Eligibility and Guidelines

Current employment with Bergen New Bridge Medical Center is required to receive the Corporate

Partners Scholarship. If the student does not remain an employee for at least one half of each term for which they receive this benefit, the scholarship will be reversed and become a balance due on the

student's account.

• Eligible candidates include employees and their spouses and dependents. Dependents qualify if they

meet the requisite definition in the IRS guidelines.

• This scholarship form does not guarantee admission to Caldwell University. Candidates must meet the

specific admissions criteria of their particular program of interest.

Accepted students must comply with all rules, regulations, policies and standards of Caldwell

University.

• Enrollment capacity may be limited. Accepted students are required to contact the specific program of

interest to verify space and official starting dates.

• This 25% tuition scholarship cannot be combined with any other institutional aid; however, an

otherwise eligible applicant may apply for and receive federal and/or state financial aid in accordance with applicable regulations and guidelines. Each student has the opportunity to choose the preferred

eligible offer of financial aid.

• Subsequent future eligibility will be verified directly with the employer two times a year, in January

and August.

Procedures:

This form must be submitted at time of application prior to the first term of enrollment.

Please complete the following steps to verify eligibility:

1. Complete the first page of this form including your contact information and degree program interest.

2. Obtain the appropriate signatures and email or scan the completed form to admissions@caldwell.edu

3. If you have questions, please contact the Caldwell University Admissions Office:

Phone: 973-618-3500

Email: admissions@caldwell.edu

**Caldwell University** 

Office of Admissions

120 Bloomfield Avenue

Caldwell, NJ 07006