New Haven Promise covers full tuition (for up to four years) for any New Haven resident that graduates from a New Haven public school and attends a Connecticut in-state public two- or four-year college or university or New Haven Promise will contribute an annual maximum scholarship of $2,500 toward the total cost of education to any Connecticut in-state not-for-profit college or university for any New Haven resident that graduates from a New Haven public school.

At two-year institutions, students are eligible for two years of scholarships for up to three years after graduation from high school, and at four-year institutions, for four years of scholarships for up to five years after graduation from high school. In both cases enrollment must be full-time. Students moving from two- to four-year institutions are eligible for up to four years of scholarships.

(*New Haven Promise will not cover additional credits due to dropped or failed classes or those required for a minor or a second major. The Promise counts all credits for which they have paid toward the credit limit indicated above. *)

Instructions:
1. Student completes the Student Information section of the form (please print).
2. Student completes the Scholarship Acceptance and Authorization to Release Education Records section of the form.
3. Student delivers or mails the completed form to New Haven Promise at the address indicated.
4. New Haven Promise will process the form for approval. Once the request has been approved, New Haven Promise will return a copy to the student and the financial aid department of the school indicated.

Note to Registrar’s Office: If you have any questions please contact New Haven Promise at (203) 776-6473 or info@newhavenpromise.org.

Return completed form to: New Haven Promise
28 Lincoln Way
New Haven, CT 06510
(203) 776-6473
New Haven Promise College Transfer Form

Student Information (To Be Completed by Student):

NAME: ___________________________ DATE: ________________

PHYSICAL ADDRESS: ______________________________________________________________

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): ______________________________________

CITY: ___________________ STATE: _______ ZIP CODE: ______________

HOME PHONE #: ___________________ CELL PHONE #: ___________________

EMAIL: ______________________ DATE OF BIRTH (MM/DD/YYYY): _______________________

NAME OF COLLEGE/UNIVERSITY STUDENT IS CURRENTLY ENROLLED: ________________________________________________________________________

CURRENT STUDENT COLLEGE/UNIVERSITY IDENTIFICATION NUMBER: ______________________

NAME OF COLLEGE/UNIVERSITY STUDENT IS TRANSFERRING TO: _____________________________

NEW STUDENT COLLEGE/UNIVERSITY IDENTIFICATION NUMBER: _____________________________

STUDENT SIGNATURE: ___________________ DATE: ______________

Scholarship Acceptance and Authorization to Release Education Records

I, (PLEASE PRINT STUDENT NAME) __________________________________________, hereby authorize my school of choice as designated below and independent research institutions, through its agents and employees, to release any financial aid, demographic or academic information to New Haven Promise to facilitate their analysis of my scholarship eligibility and the educational and economic impact of this scholarship on the New Haven Public Schools and the New Haven community.

This release is authorized for the duration of the time that I receive scholarship funds. In order to rescind this Authorization, I acknowledge that I must submit written notification of rescission to the Office of the Registrar of my school of choice. This rescission would result in the termination of the scholarship.

I also give permission to New Haven Promise to use information regarding my scholarship in promotion of New Haven Promise. My signature below indicates that I have read this Authorization to Release Educational Records and that I authorize the release of records as described above.

My signature also indicates that I have read and agree to adhere to the scholarship conditions as set forth in this document. I understand that failure to adhere to these requirements may result in the termination of this scholarship.

SIGNATURE: ___________________ DATE: ______________

NAME OF COLLEGE/UNIVERSITY STUDENT IS TRANSFERRING (PLEASE PRINT): ______________________

NEW COLLEGE/UNIVERSITY STUDENT IDENTIFICATION NUMBER (PLEASE PRINT): ______________________

PARENT SIGNATURE: ___________________ DATE: ______________

(Signature required if student is under 18 years of age.)

To Be Completed by New Haven Promise

APPROVED: ___________________ DATE: ______________

Executive Administrator, New Haven Promise