



NORTHLAND COMMUNITY & TECHNICAL COLLEGE

Application for Stipend to Remove Barriers

Student Name: _____ Student ID number: _____

Current mailing address: _____

Email address: _____

Phone number: _____

Requested stipend amount: _____ (Maximum stipend per fiscal year is \$2,000)

Please state rationale of need as it relates to an identified barrier (attach statement if necessary):

Student Signature: _____ Date: _____

Case Manager Name (Print): _____ Date: _____

Case Manager Signature: _____ Date: _____

Stipend Amount Approved: _____

Financial Aid Director Name (Print): _____ Date: _____

Financial Aid Director Signature: _____ Date: _____

Comment: _____

FOR OFFICE USE ONLY

Approved stipend application is to be forwarded to the DOL Grant Account Manager in the Business Office

East Grand Forks Campus | 2022 Central Avenue NE | East Grand Forks, Minnesota 56721 | 218.793.2800

Thief River Falls Campus | 1101 Highway One East | Thief River Falls, Minnesota 56701 | 218.683.8800

www.northlandcollege.edu