



NJ STARS Program
Bergen Community College
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www.bergen.edu/njstars

Print

CERTIFICATION OF HIGH SCHOOL CLASS RANK FORM FOR PROSPECTIVE NJ STARS STUDENTS

This form, together with the student's **final**, **official signed and sealed transcript** should be **mailed** to the NJ STARS Program at the above address. Original documents must be submitted according to HESAA regulations.

Please complete this form when a student's final high school transcript does not reflect either a rank, or a qualifying rank (e.g. student is eligible based on junior or senior rank only). The form must be signed and sealed with the high school seal in order to certify this student in the NJ STARS program.

New Jersey state regulations governing this program state that a student is eligible for this program only if he/she was ranked in the top 15.0% of their class at the end of either their junior or senior year.

This student is eligible to take part in the NJSTARS schola	arship program:
Student's Name:	Click the tab key to answer questions
Name of High School:	
Date of Student's Graduation (month, date and year):	
Please verify the student's class rank and class size at th	e end of their junior or senior year:
Student's Placement in Class: (e.g. 12)	←Type over number
Number of Students in Class: (e.g. 344)	←Type over number
Ranking Percentage: (e.g. 12/344= 3.488%)	←Will calculate automatically
Above Ranking is from the end of the Junior Year	or the Senior Year *:
*When using junior year ranking, be sure it is the same end of the junior year.	ranking that was sent to HESAA at the
Signature of Certifying Official*	Date
*Must be signed by the Principal, Vice Principal or Director of Guida	ince
Printed Name of Certifying Official	Affix High School Seal Here
Title of Certifying Official	