

SUNYFAP, Inc. Student Scholarship Application Fall 2024

This application must be submitted to the Financial Aid Office at your institution with a typed two-page student essay by March 29, 2024. Your Financial Aid Office will complete the back of this application and send your packet to the chair of the committee no later than April 5, 2024.

Student Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Date of Birth: _____ Email: _____

Citizenship (Select one): ☐ U.S. Citizen ☐ Eligible Non-Citizen (Alien Registration Number A_____)

Institution: _____

Current Degree Program: _____

Anticipated date of program completion: _____

Major/Field of Study: _____ Degree type (AS/BA/etc.) _____

Cumulative GPA: _____ (Minimum of 2.7 based on a scale of 4.0)

Will you be enrolled as a full-time matriculated student at your **current** institution during the Fall 2024 semester?
Yes _____ No _____

What are your work plans or activities during the academic year? (e.g., part-time work, volunteer activities, etc.)

Student's Statement of Candidacy

I authorize the use of the above information about my background for publicity purposes should I be selected for the scholarship. I also authorize the Financial Aid Office to release information concerning my academic and financial aid history.

Student Signature: _____ Date: _____

Financial Aid Administrator Worksheet

STUDENT NAME _____

Sector: (Check one): () Agricultural/Technical () Community College
 () Four-year Arts/Sciences () Specialized College
 () University Center

Student Budget 2023-2024

Tuition \$ _____
Fees \$ _____
Room & Board \$ _____
Personal \$ _____
Transportation \$ _____
Other \$ _____
Total \$ _____

Resources

2023-2024

Expected Family Contribution \$ _____
State Grants \$ _____
Federal Pell Grant \$ _____
Other Grant Assistance \$ _____
Total \$ _____

Student Indebtedness

Current Year
2023-2024

Cumulative

Federal Subsidized Stafford Loan	\$ _____	\$ _____
Federal Unsubsidized Stafford Loan	\$ _____	\$ _____
Federal PLUS Loan	\$ _____	\$ _____
Federal Perkins Loan	\$ _____	\$ _____
Other Educational Loans	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Student cumulative GPA up to and including Fall 2023 semester: _____

Please indicate any extenuating circumstances that the committee should be made aware of:

I recommend the student for Fall 2024 SUNYFAP, Inc. Scholarship. *(Previous recipients are not eligible.)*

Signature of Financial Aid Administrator: _____ **Date:** _____

Financial Aid Administrator: _____ Telephone: (____) _____
(Please print)

Institution: _____

Completed scholarship packets are due April 5, 2024 and can be sent to:

Colleen Wise, Director of Financial Aid
SUNY Adirondack Community College
640 Bay Road
Queensbury, NY 12804
(518)743-2223 / (518)743-2314 FAX
wisec@sunyacc.edu