

SUNYFAP, Inc. Student Scholarship Application

Fall 2015

This application must be submitted to the Financial Aid Office at your institution with a typed two-page student essay by March 23, 2015. Your Financial Aid Office will complete the back of this application and send your packet to the chair of the committee no later than March 31, 2015.

Student Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Date of Birth: _____

Citizenship: _____ U.S. Citizen _____ Eligible Non-Citizen (Alien Registration Number A _____)

Institution: _____

Current Degree/Certificate Objective: _____

Anticipated date of program completion: _____

Major/Field of Study: _____

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 2015 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

<u>Student Budget</u>	2014-2015	<u>Resources</u>	2014-2015
Tuition	\$ _____	Expected Family Contribution	\$ _____
Fees	\$ _____	State Grants	\$ _____
Room & Board	\$ _____	Federal Pell Grant	\$ _____
Personal	\$ _____	Other Grant Assistance	\$ _____
Transportation	\$ _____	Total	\$ _____
Other	\$ _____		
Total	\$ _____		

<u>Student Indebtedness</u>	Current Year <u>2014-2015</u>	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 2014 semester: _____

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

I recommend the student for Fall 2015 SUNYFAP, Inc. Scholarship. (Previous recipients are not eligible.)

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

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

Institution: _____

Completed scholarship packets should be mailed or faxed by March 31, 2015 to:

Sarah Buell Izzo, Chair
 SUNYFAP Scholarship & Awards Committee
 Financial Aid Office - Erie Community College South Campus
 4041 Southwestern Boulevard
 Orchard Park, NY 14127
 (716) 851-1671 / (716) 270-4421 FAX