



## FINANCIAL AID ADMINISTRATOR VERIFICATION

Financial Aid Administrator \_\_\_\_\_ Phone \_\_\_\_\_

Institution \_\_\_\_\_

Sector (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Public 2 year              | <input type="checkbox"/> Public 4 year  |
| <input type="checkbox"/> Private/Proprietary 2 year | <input type="checkbox"/> Private 4 year |
| <input type="checkbox"/> Graduate/Professional      |   |

### **ONLY ONE APPLICATION PER INSTITUTION PER SECTOR**

<u>Student Budget</u>	<u>2011-12</u>	<u>Student Resource</u>	<u>2011-12</u>
Tuition	\$ _____	Expected Family Contribution	\$ _____
Fees	\$ _____	State Grants	\$ _____
Room & Board	\$ _____	Federal Pell Grant	\$ _____
Books & Supplies	\$ _____	Other Grant/Scholarship Assistance	\$ _____
Personal	\$ _____		
Transportation	\$ _____		
Other	\$ _____		
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

Student cumulative GPA through Spring 2011 semester \_\_\_\_\_

Credits completed through Spring 2011 \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I recommend \_\_\_\_\_ to be considered as a candidate for the 2011-2012 NYSFAAA Scholarship. Please note, previous recipients are not eligible.

_____ <b>Signature of Financial Aid Administrator</b>	(_____) _____ <b>Desk Telephone Number</b>	_____ <b>Date</b>
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This completed application must be submitted with a student essay.

**ALL COMMENTS MUST BE SUBMITTED WITH THIS APPLICATION AND RECEIVED BY MAIL OR FAX NO LATER THAN September 15, 2011 TO:**

*Debra Evans, Co-Chair  
NYSFAAA Scholarship Committee  
Adelphi University  
Office of Student Financial Services  
Levermore Hall, Room 1  
South Avenue  
Garden City, NY 11530  
Fax: (516) 877-3380 – attention: Debra Evans*