**NYSFAAA GEORGE CHIN MEMORIAL STUDENT SCHOLARSHIP APPLICATION**

2020-2021 ACADEMIC YEAR

**This Application is due in the Financial Aid Office by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT MUST SUBMIT:**

* **Completed Form to your Financial Aid Office**
* **Provide 1 page typed essay showing:**
  + **Insight about your circumstances/background**
  + **Personal and career goals, and strategies for achieving them**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

TELEPHONE #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

COLLEGE OR SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT DEGREE/CERTIFICATE OBJECTIVE: (AA/AS, BA/BS, MA/MS, PhD, Certificate) \_\_\_\_\_\_\_\_\_

MAJOR FIELD OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANTICIPATED DATE OF PROGRAM COMPLETION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

1. Will you be enrolled as at least a half-time (6 credits) matriculated student at your current institution during the Fall semester of the 2020-2021 Academic Year? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_
2. If no, indicate where you will be enrolled in at least a ½ time basis and your major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are your work plans or activities during the Academic Year? (e.g., part-time work, volunteer, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT'S STATEMENT OF CANDIDACY:

I authorize NYSFAAA to use any or all of the information I provide about my background for publicity purposes and give permission to publish my photo should I be selected for the scholarship. I authorize the Financial Aid Office at my college to release my academic and financial information to the NYSFAAA Scholarship Committee. I further authorize the NYSFAAA Scholarship Committee to access the National Student Loan Data System (NSLDS) to determine my total outstanding federal loans.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This application must be submitted to your Financial Aid Office for completion and submission by the date selected by that office.*

*All applications are due to Crystal Krudis by October 9, 2020*

**FINANCIAL AID ADMINISTRATOR VERIFICATION**

***Nominated students must be U.S. CITIZENS or ELIGIBLE NON-CITIZENS who have completed a valid FAFSA.***

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sector (check one): ( ) Public 2-year ( ) Private/Proprietary 2-year ( ) Public 4-year

( ) Private 4-year ( ) Graduate/Professional

***ONLY ONE STUDENT MAY BE NOMINATED BY EACH INSTITUTION PER DEGREE LEVEL***

Student Budget 2020-21 Student Resource 2020-21

Tuition $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expected Family**

Fees $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contribution** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room & Board $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Grants $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books & Supplies $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Pell Grant $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Grant/Scholarship

Transportation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistance $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student cumulative GPA through Spring 2020 semester\_\_\_\_\_\_\_\_

Number of credits completed through Spring 2020 \_\_\_\_\_\_\_\_

*Please attach all statements supporting this student’s candidacy. Include an explanation of any extenuating circumstances that you feel the committee should consider in their deliberation. The nominating FA Administrator must be a member of NYSFAAA.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FA Administrator) recommend that the above student be considered as a candidate for the 2020-21 NYSFAAA Scholarship. Please note, previous recipients are not eligible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Financial Aid Administrator Office Telephone Number Date**

*This completed application must be submitted by the FA Administrator with the student’s application and essay by* ***October 9, 2020****.*

**THE STUDENT’S APPLICATION, ESSAY AND THIS ADMINISTRATOR’S VERIFICATION FORM MUST BE SUBMITTED ELECTRONICALLY FOR RECEIPT by the Committee Co-Chair *NO LATER THAN October 9, 2020*:**

***Crystal Krudis, Co-Chair –NYSFAAA Scholarship Committee***

***Adelphi University***

***Email: ckrudis@adelphi.edu***