

NYSFAAA GEORGE CHIN MEMORIAL STUDENT SCHOLARSHIP APPLICATION
2019-2020 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 2019-2020 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 1, 2019

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

<u>Student Budget</u>	<u>2019-20</u>	<u>Student Resource</u>	<u>2019-20</u>
Tuition	\$ _____	Expected Family Contribution	\$ _____
Fees	\$ _____	State Grants	\$ _____
Room & Board	\$ _____	Federal Pell Grant	\$ _____
Books & Supplies	\$ _____	Other Grant/Scholarship Assistance	\$ _____
Personal	\$ _____		
Transportation	\$ _____		
Other	\$ _____		
Total	\$ _____	Total	\$ _____

Student cumulative GPA through Spring 2019 semester _____

Number of credits completed through Spring 2019 _____

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 2019-20 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 1, 2019**.*

THE STUDENT'S APPLICATION, ESSAY AND THIS ADMINISTRATOR'S VERIFICATION FORM MUST BE MAILED, E-MAILED, OR FAXED FOR RECEIPT by the Committee Co-Chairs NO LATER THAN October 1, 2019

*Crystal Krudis, Co-Chair –NYSFAAA Scholarship Committee
Adelphi University
Office of Student Financial Services
Levermore Hall, Room 1
1 South Avenue
Garden City, NY 11530
Email: ckrudis@adelphi.edu
Fax: (516) 877-3380 – Attention: Crystal Krudis*