

State University of New York Financial Aid Professionals, Inc.



www.sunyfap.org

Student Scholarship

The annual non-renewable \$1000
need-based scholarship for the
Fall 2024 semester.

The SUNYFAP, Inc. Scholarship and Awards Committee will award the annual non-renewable scholarship for the Fall 2024 semester at the annual conference in April 2024.

This scholarship will be awarded to students who meet the eligibility criteria and who have been nominated by an active SUNYFAP, Inc. member

Completed application, and essay should be sent to your local financial aid office by **March 29, 2024**



RULES FOR THE ESSAY

1. Essays must be typed and approximately 500 words – about two pages.
2. Essays will become the property of the SUNYFAP, Inc. Scholarship & Awards Committee and will NOT be returned.

ESSAY QUESTION

Considering all the educational options available to students, what factors influenced your decision to pursue your degree at a SUNY institution? How does your degree program fit into your overall educational and long-term career goals?

TIMELINE

March 1, 2024 – Application materials will be sent to active SUNYFAP members.

March 29, 2024 - Deadline for student submission of scholarship packet to local financial aid office.

April 10, 2024 - Application deadline to submit nominations, applications and documentation to Colleen Wise, SUNYFAP, Inc. Scholarship & Awards Committee Co-chair.

April 18, 2024 – Announcement of the SUNYFAP, Inc. Scholarship recipient by Scholarship Committee at the annual conference.

DISTRIBUTION OF FUNDS

SUNYFAP, Inc. will mail a co-payable check to the scholarship recipient's (State University of New York) institution to be credited to the student's account.

At the time of disbursement, the student's Financial Aid Office must verify that the student is enrolled full-time and is in good academic standing. Coordination of the SUNYFAP, Inc. Scholarship with other funds will be at the discretion of the Financial Aid Office's campus policy.

If the student withdraws from school, any remaining scholarship funds must be returned to the SUNYFAP, Inc. Scholarship fund.

SELECTION

Any active SUNYFAP, Inc. member may nominate a qualified student for this need-based scholarship for a matriculated, undergraduate student.

A SUNYFAP, Inc. Scholarship Application with a completed Financial Aid Administrator worksheet must be submitted to the Scholarship Committee with a typed 500-word (about two pages) essay.

Recipients will be selected by the Scholarship Committee based on the following criteria:

1. Cumulative GPA - 25%
2. Financial Need - 25%
3. Content of Essay - 25%
4. Student's Educational Indebtedness - 10%
5. Extra-curricular activities and/or extenuating circumstances demonstrated by the Financial Aid Administrator - 15%

ELIGIBILITY

All students considered for the SUNYFAP, Inc. Scholarship must meet the following eligibility requirements:

1. Bachelor's Degree Program: All candidates must have completed at least one full year of study by December 2023.

Associate Degree Program: All candidates must have completed at least 12 credit hours of study by December 2023.

2. Must have a minimum cumulative GPA of 2.7 based on a scale of 4.0.
3. Student must have a 2023-2024 FAFSA on file, be a U.S. Citizen or Eligible Non-Citizen, must not be in default of a Federal Student Loan, must be enrolled full-time and must be making satisfactory academic progress (or in good academic standing).
4. Must be a full-time, matriculated student during the Fall 2024 semester at the SUNY institution that submitted the nomination.
5. Should have evidence of financial need.

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: _____ 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 \$ _____

<u>Student Indebtedness</u>	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