

CN: _____

**SUNY Adirondack
2012-2013 Scholarship Application**

Applications are to be returned to the Financial Aid Office (Warren Hall) **by 4:00 pm on Friday, March 9, 2012.**

Part I. This part will be used by the Financial Aid Office to identify/verify candidates and enter appropriate information in Banner. Please complete **all** questions, print the application, sign and date and submit to the Financial Aid Office along with Part II described herein. Incomplete applications will be eliminated from consideration.

Last Name _____ First Name _____

Banner ID _____ Area Code () Telephone _____

Address _____
Street _____ City _____ State _____ Zip Code _____

High School _____

High School Grad or GED Year _____ SUNY Adk
Fall 2012 Semester Click to select

Credits earned _____ and cumulative GPA _____ at the end of the Fall 2011 semester

Total credits expected to be earned by the end of the Spring 2012 semester: Click to select

Are you a member, or child/grandchild of a member, of the Glens Falls Women's Bowling Assn? Click to select

Member's Name: _____

Financial Need:

Several scholarship opportunities are based on demonstrated financial need (federal calculation used on the Free Application for Federal Student Aid (FAFSA)) as certified by the SUNY Adirondack Financial Aid Office. Your signature below allows the release of your need status only (e.g., names, social security numbers, income and asset information will NOT be released) based on available 2011-2012 data.

I give permission for the SUNY Adirondack Foundation, Student Affairs Committee, and Financial Aid Office to view the information on my scholarship application, verify all data to the extent possible and practical, and publicize my name in the event that I am selected as a recipient.

Student's Signature

Date Signed

Part II

CN: _____

NS: _____

YIC: _____

GPA: _____

The selection committee will review the following information for all qualified scholarship candidates (note that this is a “blind” review as this section should not contain any identifying information). Please be mindful that the committee may be influenced by the presentation of your application, including completeness, spelling, grammar and neatness. Incomplete applications will be eliminated from consideration.

SUNY Adirondack Major: _____ Potential Transfer Major: _____

Please check all areas of campus life in which you participate.

- Campus Clubs
- Student Senate
- Campus Teams
- Campus Committees

List on and off-campus community involvement and volunteer activities in the past three years:

This is the most important section of the application. Your responses are critical for review by the selection committee to help understand you as an applicant **and** to introduce scholarship recipients to their sponsors. Please address the following questions with a maximum of 150 words for each - **your responses must be typewritten.**

How would receipt of a scholarship assist you in reaching your academic goals?

Besides affordability and location, why is being at SUNY Adirondack a good option for you?

In closing, is there any further information that you would like to share to support your qualification for a SUNY Adirondack scholarship?
