



**DELAWARE-DISTRICT OF COLUMBIA-MARYLAND ASFAA, Inc.  
Scholarship Application Form 2016-2017**

The DE-DC-MD Association of Student Financial Aid Administrators has established a scholarship fund that will award a minimum of three \$1,000 scholarships to students who attend an eligible institution within each geographic area.

**Student Eligibility and Application Process:**

Students must meet the following criteria to be considered for this scholarship:

1. Attend an eligible DE-DC-MD institution during the July 1, 2016 – June 30, 2017 academic year. An eligible institution is defined as an institution with at least one member with an active membership with the DE-DC-MD ASFAA.
2. Demonstrate financial need as defined by the FAFSA and the institution.
3. Possess the following GPA and standing –
  - Undergraduates:
    - A cumulative GPA of at least 2.5 or the equivalent.
    - At least a second year standing (as defined by your institution) prior to the start of the 2016-2017 academic year or,
    - Completion of one-half of a one year course of study in a private career school.
  - Graduates/Professionals:
    - A cumulative GPA of at least 3.0 or the equivalent.
    - Completion of at least one year of your program of study.
4. Enroll as a full time student as defined by your institution.
5. Submit the completed application and all required documents (essay and letter of recommendation) to the Financial Aid Office at your institution.

**Application Guidelines:**

**Essay:** Submit a brief essay, no more than one typed page in length, explaining why you feel you would be a good candidate for this scholarship. Include your educational and career goals, jobs held while in college, volunteer or community service performed, and any special circumstances that the Scholarship Committee should be aware of in making a selection.

**Letter of Recommendation:** Submit one letter of recommendation from an academic counselor or professor with your application.

**Certification Process:** The Director will choose and certify only one (1) eligible candidate and submit the completed scholarship application by April 1, 2016 to Stephanie Bender by email at [stephanie.bender@goucher.edu](mailto:stephanie.bender@goucher.edu).

Applicants will be notified of their status in early May. Scholarship checks will be made payable to the student's institution and will be issued prior to the start of the Fall 2016 semester.



Application Deadline: April 1, 2016

**SCHOLARSHIP APPLICATION FORM 2016-2017**

Student Name: \_\_\_\_\_  
First Name                      MI                      Last Name                      School ID

Home Address: \_\_\_\_\_  
Street Address                      City                      State                      Zip Code

Contact Information: \_\_\_\_\_  
Home Phone                      Cell Phone                      Email Address

Degree Credits/Units expected to be EARNED by August 1, 2016: \_\_\_\_\_ Circle: Clock Hours, Quarter Hours, Credits

Field of Study (Major): \_\_\_\_\_ Anticipated Degree: \_\_\_\_\_  
AA, AS, AAS, BS, BA, MBA, etc.

Expected Program Completion Date/Graduation: \_\_\_\_\_  
Month/Year

**Student's Statement of Candidacy:**

I authorize the DE-DC-MD ASFAA, Inc. to use the above background information for publicity purposes should I be selected for the scholarship. I also authorize my Financial Aid Office to release information concerning my academic and financial aid history as requested in this application to the DE-DC-MD ASFAA, Inc. I understand that I must take my complete application package to my Financial Aid Office to determine my academic eligibility and to complete the certification process.

\_\_\_\_\_  
Student Signature                      Date

Financial Aid Director's Certification – **ONLY ONE NOMINATION PER SCHOOL CAN BE SUBMITTED**

Financial Aid Director: \_\_\_\_\_ Institution: \_\_\_\_\_

Director Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Institutional Address: \_\_\_\_\_  
Street Address City State Zip Code

Sector:  Public 2 Year  Private 2 Year  
 Public 4 Year  Private 4 Year  
 Private Career School  Graduate/Professional

**FA Director's Certification:**

I hereby certify that at this time this student is expected to meet all eligibility criteria for the 2016-2017 DE-DC-MD ASFAA, Inc. Scholarship as listed in this application. The following criteria were reviewed and the applicant met each requirement:

1. Possesses Financial Need (circle one) YES or NO
2. Current GPA (min 2.5: UG/3.0: GR) \_\_\_\_\_
3. Academic Standing (list total credits completed to date) \_\_\_\_\_
4. Essay and Letter of Recommendation are enclosed

I further certify that this scholarship award will not reduce any gift aid that this student may receive for the 2016-2017 award year.

Financial Aid Director: \_\_\_\_\_  
Signature Date

Awards and Scholarships Committee Use Only

Application Received Date: \_\_\_\_\_ Review Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_