

# SUNYFAP, Inc. Student Scholarship Application

## Fall 2025

**This application must be submitted to the Financial Aid Office at your institution with a typed two-page student essay by March 31, 2025. 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 7, 2025.**

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 2025 semester?  
Yes \_\_\_\_\_ No \_\_\_\_\_

What are your work plans or activities during the academic year? (e.g., part-time work, volunteer activities, etc.)

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### 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

<u>Student Budget</u>	2024-2025	<u>Resources</u>	2024-2025
Tuition	\$ _____	Expected Family Contribution	\$ _____
Fees	\$ _____	State Grants	\$ _____
Room & Board	\$ _____	Federal Pell Grant	\$ _____
Personal	\$ _____	Other Grant Assistance	\$ _____
Transportation	\$ _____	<b>Total</b>	<b>\$ _____</b>
Other	\$ _____		
<b>Total</b>	<b>\$ _____</b>		

<u>Student Indebtedness</u>	Current Year 2024-2025	Cumulative
Federal Subsidized Stafford Loan	\$ _____	\$ _____
Federal Unsubsidized Stafford Loan	\$ _____	\$ _____
Federal PLUS Loan	\$ _____	\$ _____
Federal Perkins Loan	\$ _____	\$ _____
Other Educational Loans	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

Student cumulative GPA up to and including Fall 2024 semester: \_\_\_\_\_

Please indicate any extenuating circumstances that the committee should be made aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**I recommend the student for Fall 2025 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 7, 2025 and can be sent to:**  
Maureen Lohan-Bremer, Director of Student Financial Services  
SUNY New Paltz  
200 Hawk Drive  
New Paltz, NY 12561  
(845)257-3256 / (845)257- 3568 FAX  
[Lbremerm@newpaltz.edu](mailto:Lbremerm@newpaltz.edu)