



DELAWARE-DISTRICT OF COLUMBIA-MARYLAND ASFAA, Inc.
Scholarship Application Form 2019-2020

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, 2019 – June 30, 2020 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 during 2018-2019.
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 2019-2020 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 your Financial Aid Office. Your Financial Aid Director MUST certify your application eligibility to complete the application process.

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 Financial Aid Director at your school can certify only one (1) eligible candidate and must submit the completed scholarship application by May 1, 2019 to James Roye, Awards and Scholarships Committee, by email james.roye@umuc.edu.

Applicants will be notified of their status in mid-May. Scholarship checks will be made payable to the student's institution and will be issued prior to the start of the Fall 2019 semester.



Return this application and supporting documents, using one of the following methods by
Monday, April 22, 2019:

MAIL	EMAIL	IN-PERSON
Towson University Financial Aid Office, Scholarship Unit 8000 York Road Towson, MD 21252-0001	scholarship@towson.edu	Financial Aid Office Enrollment Services Center Room 339

**Please Note: All application and application materials will be shared with DE-DC-MD
ASFAA, Inc.**



Application Deadline: April 22, 2019

SCHOLARSHIP APPLICATION FORM 2019-2020

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, 2019: _____ 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 2019-2020 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 2019-2020 award year.

Financial Aid Director: _____

Signature

Date

Awards and Scholarships Committee Use Only

Application Received Date: _____ Review Date: _____ Recommendation: _____