

# SUNYFAP, Inc. Student Scholarship Application

## Fall 2026

**This application must be submitted to the Financial Aid Office at your institution with a typed two-page student essay by March 15, 2026. 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 1, 2026.**

Student Name: \_\_\_\_\_

Citizenship: ☐ U.S. Citizen ☐ Eligible Non-Citizen (Alien Registration Number A \_\_\_\_\_)

Institution: \_\_\_\_\_

Current Degree Program: \_\_\_\_\_

Anticipated date of program completion: \_\_\_\_\_

Degree type (AS/BA/etc.) \_\_\_\_\_

Major: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ (Min 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 - If no, will you be transferring to a four-year institution?

Which Institution? \_\_\_\_\_

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 \_\_\_\_\_

Type of Institution: ☐ Community College ☐ Four-Year

**Student Budget**      2025-2026  
Tuition      \$ \_\_\_\_\_  
Fees      \$ \_\_\_\_\_  
Room & Board      \$ \_\_\_\_\_  
Personal      \$ \_\_\_\_\_  
Transportation      \$ \_\_\_\_\_  
Books/Supplies      \$ \_\_\_\_\_  
Other      \$ \_\_\_\_\_  
**Total**      \$ \_\_\_\_\_

**Resources**      2025-2026  
Student Aid Index (SAI)      \$ \_\_\_\_\_  
State Grants      \$ \_\_\_\_\_  
Federal Pell Grant      \$ \_\_\_\_\_  
Other Grants/ Scholarships      \$ \_\_\_\_\_  
**Total**      \$ \_\_\_\_\_

**Student Indebtedness**      Current Year  
   2025-2026  
Federal Direct Subsidized Loan      \$ \_\_\_\_\_  
Federal Direct Unsubsidized Loan      \$ \_\_\_\_\_  
Federal PLUS Loan      \$ \_\_\_\_\_  
Other Educational Loans      \$ \_\_\_\_\_  
**TOTAL**      \$ \_\_\_\_\_

Student cumulative GPA up to and including Fall 2025 semester: \_\_\_\_\_

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

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**I recommend the student for Fall 2026 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 1, 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)