

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.)

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

<u>Student Budget</u>	2025-2026
Tuition	\$ _____
Fees	\$ _____
Room & Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Books/Supplies	\$ _____
Other	\$ _____
Total	\$ _____

<u>Resources</u>	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:

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