

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: _____

