



George Chin Memorial Student Scholarship Application

This application is due in the Financial Aid Office by: _____

Student Checklist:

- Completed scholarship application. **Submit to your Financial Aid Office** by the date above.
- 1-page typed essay providing:
 - Insight about your special circumstances/background; and
 - Personal/career goals and strategies for achieving them.

Student's Name: _____ Student DOB: _____

Student's Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____ Email: _____

College or School: _____

Current Degree/Objective (select one): AA/AS BA/BA MA/MS PhD Certificate

Major/Field of Study: _____

Anticipated Graduation Date: _____

1. Will you be enrolled at least half-time (6 credits) and considered a matriculated student at your institution during the Fall semester of the 2024-2025 Academic Year? Yes No

2. What are your work plans or activities during the Academic Year? (e.g., part-time work, volunteering, sports, clubs, etc.): _____

STUDENT'S STATEMENT OF CANDIDACY:

I authorize NYSFAAA to use any or all the information I provide about my background for publicity purposes and give permission to publish my photo should I be selected for the scholarship. I authorize the Financial Aid Office at my college to release my academic and financial information to the NYSFAAA Scholarship Committee. I further authorize the NYSFAAA Scholarship Committee or Financial Aid Office to access the National Student Loan Data System (NSLDS) to determine my total outstanding federal loans.

Student's Signature

Date

This application must be submitted to your Financial Aid Office for completion and submission by the date indicated above.



2024-2025 George Chin Memorial Scholarship

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

FA Office Checklist:

- Completed student application.
- Completed financial aid budget sheet and attestation (this page).
- Written FA Office Recommendation. *The nominating FA Administrator must be a member of NYSFAAA.*
 - Statements supporting this student’s candidacy and why you believe the student should receive an award.
 - Any extenuating circumstances that the scholarship committee should take into consideration.

College or School: _____

Student’s Name: _____

Sector (check one): Public 2-year Private/Proprietary 2-year Public 4-year
 Private 4-year Graduate/Professional

ONLY ONE STUDENT MAY BE NOMINATED BY EACH INSTITUTION PER DEGREE LEVEL

Student Budget	2024-2025		Student Resources	2024-2025
Tuition & Fees	\$		SAI	\$
			State Grants	\$
Total COA	\$		Federal Pell Grant	\$
			Inst. Grants/Scholarships	\$
			Other Grants/Scholarships	
			Total	\$

Total Outstanding Loan Balance from NSLDS: \$ _____ CUM GPA _____

Year in College (check one) FR SO JR SR GR

I, _____ (FA Administrator) recommend that the above student be considered as a candidate for the 2024-2025 NYSFAAA Scholarship. Please note that previous recipients of this scholarship are not eligible.

Signature of Financial Aid Administrator () _____ _____
Office Telephone Number Date

THE STUDENT’S APPLICATION, ESSAY, AND ADMINISTRATOR’S VERIFICATION FORM MUST BE SUBMITTED ELECTRONICALLY NO LATER THAN October 11, 2024:

Danielle Steuer, Co-Chair –NYSFAAA Scholarship Committee
Stonybrook University
Email: Daniella.Steuer@stonybrook.edu

Further information and explanations may be found on the NYSFAAA website in the “Scholarship” tab.