

**Student Application Form  
CCRI Faculty Association  
FINANCIAL AID AWARD**

Instructions: Please **print clearly**. Return completed form to:

CCRI Faculty Association Scholarship Fund  
c/o William E. Squizzero, Ed. D.  
Business Administration Department  
Community College of Rhode Island  
400 East Avenue  
Warwick, Rhode Island 02886

**Applications must be postmarked no later than May 25**

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Aid:** This scholarship provides aid for tuition and fees to a CCRI student who has completed at least twelve credit hours, has enrolled or will be enrolling in at least six credit hours, and has a grade point average of 2.4 or higher.

**Amount of Award:** \$500 (Check will be made payable jointly to recipient and CCRI.)

**Application Deadline: May 25**

**History:** The award was established in 2008 by the CCRI Faculty Association to provide financial aid to a CCRI student to continue his/her studies at the College. Contributions from the CCRI Faculty Association members provide funding for the award.

**REQUIREMENTS**

- Applicants:
- A. must have completed at least twelve (12) credit hours of study.
  - B. must be enrolling in at least six (6) credit hours of study for the next term.
  - C. must have a grade point average of at least 2.4 at the time of application.
  - D. must demonstrate financial need.

**INCLUDE AND COMPLETE THE FOLLOWING**

1. Include a one-page (maximum), double-spaced, typed essay describing your educational and career objectives and reasons you should be selected as a CCRI Faculty Association financial aid recipient.
2. Include a one page (maximum), double-spaced, typed essay describing the circumstances for seeking a financial aid award.
3. Include a CCRI academic transcript (an unofficial copy is satisfactory).
4. Include a copy of your financial aid award letter.
5. Include a copy of the Student Aid Report (SAR) that was returned to you by the U. S. Department of Education.
6. Complete the following where applicable.

List any awards—academic or other-- that you have received at CCRI or elsewhere.

Award	Date Received
_____	_____
_____	_____

List your CCRI activities. Include the organization's name, dates of involvement, and a description of your activities.

Organization or Activity	Dates Involved	Description of Activities
_____	_____	_____
_____	_____	_____

List your service as a volunteer in community activities.

Organization or Activity	Dates Involved	Description of Activities
_____	_____	_____
_____	_____	_____

Describe any work experience that you have had while attending CCRI.

Organization	Dates	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

I grant permission to the Scholarship Committee to review my academic standing with CCRI's Office of Admissions and Records, to review my financial aid status with CCRI's Financial Aid Office, to verify the activities and awards listed, and to use my name and photo for publicity purposes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<u>Checklist</u>	<u>Check</u>
Completed at least 12 credit hours	_____
Enrolling in at least six credit hours	_____
Have a GPA of at least 2.4	_____
Included the REQUIRED two (2) essays	_____
Included your CCRI academic transcript	_____
Included your financial aid award letter	_____
Included your Student Aid Report (SAR)	_____
Completed Part 6	_____

Finished 