Instructions: Please print clearly. Return completed form to:

Selection Committee
CCRI Faculty Association Scholarship Fund
c/o William E. Squizzer, Scholarship Chair
Business Administration Department
Community College of Rhode Island
400 East Avenue
Warwick, Rhode Island 02886

Applications must be postmarked no later than May 20.

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 3.25 or higher.

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

Application Deadline: May 20

History: The award was established in 2008 by the CCRI Faculty Association to provide financial aid to a CCRI student in recognition of academic achievement. 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 3.25 at the time of application.

INCLUDE/COMPLETE THE FOLLOWING

1. Include a one-page (maximum) typed essay describing your educational/career objectives and reasons you should be selected as a CCRI Faculty Association scholarship recipient.

2. Include a CCRI academic transcript (an unofficial copy is satisfactory).

3. Complete the following where applicable.

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

<table>
<thead>
<tr>
<th>Award</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Organization or Activity</th>
<th>Dates Involved</th>
<th>Description of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List your service as a volunteer in community activities.

<table>
<thead>
<tr>
<th>Organization or Activity</th>
<th>Dates Involved</th>
<th>Description of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Checklist

Completed at least 12 credit hours  Check
Enrolling in at least six credit hours  ___
Have a GPA of at least 3.25  ___
Included the REQUIRED typed essay  ___
Included a CCRI academic transcript  ___
Listed academic awards (if any)  ___
Listed CCRI activities (if any)  ___
Listed community service activities (if any)  ___

Finished 😊