

**Student Application Form  
CCRI Faculty Association  
MERIT SCHOLARSHIP**

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

Selection Committee  
CCRI Faculty Association Scholarship Fund  
c/o William E. Squizzero, 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 \_\_\_\_\_

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**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.

**Award**

**Date Received**


Continued

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

(e.g. member/officer, responsibilities, contribution to the organization's objectives, etc.)

List your service as a volunteer in community activities.

Organization or Activity	Dates Involved	Description of Activities

(e.g. tasks performed, responsibilities, etc.)

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 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 😊

