

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

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 _____

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 20

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/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. Did you contribute toward your college costs last term? No___ Yes___ Amount \$_____
5. Most of the funds to pay for your college costs come from (check one)
Applicant___ Parents___ Loans___ Financial Aid Grants___ Other___
6. Are you being claimed as a dependent on anyone else's tax return? Yes___ No___
7. Complete the following where applicable.

Continued

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

List your service as a volunteer in community activities.

Organization or Activity	Dates Involved	Description of Activities <small>(e.g. tasks performed, responsibilities, etc.)</small>
_____	_____	_____
_____	_____	_____

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 a CCRI academic transcript	_____
Completed Part 7	_____

Finished 