



**DELAWARE-DISTRICT OF COLUMBIA-MARYLAND ASFAA, Inc.**  
**Scholarship Application Form 2023-2024**

The DE-DC-MD Association of Student Financial Aid Administrators has established a scholarship fund that will award a \$1,000 scholarship to a students who attend an eligible institution in each geographic area.

**Student Eligibility and Application Process:**

Students must meet the following criteria to be considered for this scholarship:

1. Attend an eligible DE-DC-MD institution during the July 1, 2023 – June 30, 2024, academic year. An eligible institution is defined as an institution with at least one member with an active membership with the DE-DC-MD ASFAA during 2022-2023
2. Demonstrate financial need as defined by the FAFSA and the institution.
3. Possess the following GPA and standing –
  - Undergraduates:
    - A cumulative GPA of at least 2.5 or the equivalent.
    - At least a second year standing (as defined by your institution) prior to the start of the 2023-2024 academic year or,
    - Completion of one-half of a one-year course of study in a private career school.
  - Graduates/Professionals:
    - A cumulative GPA of at least 3.0 or the equivalent.
    - Completion of at least one year of your program of study.
4. Enroll as a full-time student as defined by your institution.
5. Submit the completed application and all required documents (essay and letter of recommendation) to your Financial Aid Office. Your Financial Aid Director MUST certify your application eligibility to complete the application process.

**Application Guidelines:**

**Essay:** submit a brief essay, no more than one typed page in length, explaining why you feel you would be a good candidate for this scholarship. Include your educational and career goals, jobs held while in college, volunteer or community service performed, and any special circumstances that the Scholarship Committee should be aware of in selecting.

**Letter of Recommendation:** submit one letter of recommendation from an academic counselor or professor with your application.

**Certification Process:** The Financial Aid Director at your school can certify only one (1) eligible candidate and must submit the completed scholarship application by May 15, 2023, to [admin@dedcmdasfaa.org](mailto:admin@dedcmdasfaa.org),

Applicants will be notified of their status in early June. Scholarship checks will be made payable to the student's institution and will be issued prior to the start of the Fall 2023 semester.





Association of Student Financial Aid Administrators

Financial Aid Director's Certification – **ONLY ONE NOMINATION PER SCHOOL CAN BE SUBMITTED**

Financial Aid Director: \_\_\_\_\_ Institution: \_\_\_\_\_

Director Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Institutional Address: \_\_\_\_\_

|  |                |      |       |          |
|--|----------------|------|-------|----------|
|  | Street Address | City | State | Zip Code |
|--|----------------|------|-------|----------|

|         |                          |                       |                          |                       |
|---------|--------------------------|-----------------------|--------------------------|-----------------------|
| Sector: | <input type="checkbox"/> | Public 2 Year         | <input type="checkbox"/> | Private 2 Year        |
|         | <input type="checkbox"/> | Public 4 Year         | <input type="checkbox"/> | Private 4 Year        |
|         | <input type="checkbox"/> | Private Career School | <input type="checkbox"/> | Graduate/Professional |

**FA Director's Certification:**

I hereby certify that at this time this student is expected to meet all eligibility criteria for the 2022-2023 DE-DC-MD ASFAA, Inc. Scholarship as listed in this application. The following criteria were reviewed, and the applicant met each requirement:

1. Possesses Financial Need (circle one) YES or NO
2. Current GPA (min 2.5: UG/3.0: GR) \_\_\_\_\_
3. Academic Standing (list total credits completed to date) \_\_\_\_\_
4. Essay and Letter of Recommendation are enclosed

I further certify that this scholarship award will not reduce any gift aid that this student may receive for the 2023-2024 award year.

|                               |           |       |
|-------------------------------|-----------|-------|
| Financial Aid Director: _____ |           | _____ |
|                               | Signature | Date  |

Awards and Scholarships Committee Use Only

Application Received Date: \_\_\_\_\_ Review Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_