DELAWARE-DISTRICT OF COLUMBIA-MARYLAND ASFAA, Inc.  
Scholarship Application Form 2024-2025

The DE-DC-MD Association of Student Financial Aid Administrators has established a scholarship fund that will award a minimum of three $1,000 scholarships to students who attend an eligible institution within 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, 2024 – June 30, 2025, 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 2023-2024.
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 2024-2025 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 making a selection.

**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 June 15, 2024 (extended from May 15th), to James Rose, Awards & Scholarship Committee Chair, at jrose@reach4success.org.

Applicants will be notified of their status in early July. Scholarship checks will be made payable to the student’s institution and will be issued prior to the start of the Fall 2024 semester.
SCHOLARSHIP APPLICATION FORM 2024-2025

Student Name: ___________________________________________________________________________

First Name	Middle Name	Last Name	School Code/ID

Home Address: ____________________________________________________________________________

Street Address	City	State	Zip Code

Contact Information: ____________________________________________________________________________

Home Phone	Cell Phone	Email Address

Degree Credits/Units expected to be EARNED by August 1, 2024: _______ Circle: Clock Hours, Quarter Hours, Credits

Field of Study (Major): __________________________

Anticipated Degree: __________________________

AA, AS, AAS, BS, BA, MBA, etc.

Expected Program Completion Date/Graduation: __________________________

Month/Year

Student’s Statement of Candidacy:
I authorize the DE-DC-MD ASFAA, Inc. to use the above background information for publicity purposes should I be selected for the scholarship. I also authorize my Financial Aid Office to release information concerning my academic and financial aid history as requested in this application to the DE-DC-MD ASFAA, Inc. I understand that I must take my complete application package to my Financial Aid Office to determine my academic eligibility and to complete the certification process.

____________________________________________________________  ______________________

Student Signature	Date

~ www.dedcmdasfaa.org ~
Director’s Certification – **ONLY ONE NOMINATION PER SCHOOL CAN BE SUBMITTED**

Financial Aid Director: __________________________ Institution: __________________________

Director Phone Number: __________________________ Email Address: __________________________

Institutional Address: ________________________________________________________________

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FA Director’s Certification:
I hereby certify that at this time this student is expected to meet all eligibility criteria for the 2024-2025 DE-DC-MD ASFAA, Inc. Scholarship as listed in this application. The following criteria were reviewed, and the applicant met each requirement:

--Possesses Financial Need (circle one) YES or NO
--Current GPA (min 2.5 Undergrad or 3.0 Grad) ______________
--Academic Standing (list total credits completed to date) ______________
--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 2024-2025 award year.

Financial Aid Director: __________________________

Signature Date

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Awards and Scholarships Committee Use Only

Application Received Date: _________ Review Date: _________ Recommendation: ________________