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, 2013 – June 30, 2014 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 2012-2013.
2. Possess financial need as defined by the institution.
3. Show minimum GPA levels and completion of a percentage of coursework –
   - **Undergraduates:**
     - Possess a cumulative GPA of at least 2.5 or the equivalent.
     - Possess at least a second year standing (earned at least 30 degree credits) prior to the start of the 2013-2014 academic year or have completed one-half of a one year course of study in a private career school.
   - **Graduates/Professionals:**
     - Possess a cumulative GPA of at least 3.0 or the equivalent.
     - Completed at least one year of your program of study.
4. Be considered a full time student based on the definition of full time at the institution in which you are attending.
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, not 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 March 4, 2013 to Amy Spinnato, Awards and Scholarships Committee, Financial Aid Office, Stevenson University, 100 Campus Circle, Owings Mills, MD, 21117; or by fax to 443-352-4370.

Applicants will be notified of their status before May 3, 2013. Scholarship checks will be made co-payable to the student recipient and the institution and will be issued in August prior to the start of the Fall 2013 semester.

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Application Deadline: March 4, 2013

~ www.dedcmdasfaa.org ~
SCHOLARSHIP APPLICATION FORM 2013-2014

Student Name: ________________________________

First Name   MI   Last Name   Social Security Number

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, 2013: _______ 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, excluding my Social Security number, 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

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

Financial Aid Director: ____________________________ Institution: ____________________________

Name (Please Print or Type)

Institutional Address: __________________________________________

Street Address   City   State   Zip Code

Financial Aid Director Email Address: ____________________________ Phone: ____________________________

Sector:  □ Public 2 Year  □ Private 2 Year

□ Public 4 Year  □ Private 4 Year

□ Private Career School  □ Graduate/Professional

Essay and Letter of Recommendation submitted and enclosed (FA Director must initial).

FA Director’s Certification:
I hereby certify that at this time this student possesses financial need, has a minimum GPA of (2.5 UG/3.0 GR) and has completed a minimum of 30 credits UG or 1 year GR.

I further certify that this scholarship award will not reduce any gift aid that this student may receive for the 2013-2014 award year.

Financial Aid Director: _________________________________________________

Signature   Date

Awards and Scholarships Committee Use Only

Application Received Date: ____________________ Review Date: _______________ Recommendation: _______________

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