



Fulton-Montgomery
Community College

Financial Aid Office: Phone: (518) 736-5301 Fax: (518) 762-2882 Email: finaid.mail@fmcc.suny.edu

Scholarship Application (2011-2012)

Submit this application by: **May 1st, 2011**

Please print and complete all information to be considered for scholarship(s):

Name _____ SS # _____

Street Address _____ City _____ State ____ County _____

New Student _____ Continuing Student _____

CHECK the following that apply to you:

For a complete listing of scholarships please visit our website at

http://fmcc.suny.edu/index.php/Current_Students/6/category/scholarships_grants_awards/

- _____ Military Veteran and resident of Fulton County (attach a copy of DD214)
- _____ Nursing Major
- _____ Out of High School 5 years or more
- _____ Child of an FMCC Alumnus: List Name(s) _____
- _____ Essay Attached: **Please attach an essay** of 250 words or less answering one (1) of the following:
 1. Tell us about a particular individual who influenced your life and why.
 2. Write about a significant moment/achievement in your life and why it holds special meaning to you.

PLEASE read and sign:

To the best of my knowledge, the information supplied on this form is correct. I authorize the Financial Aid Office and the Scholarship Review Committee to review my academic and financial aid records. I understand that the information is subject to verification by the Foundation, Scholarship Committee, and Donors. I also understand that, should I be awarded a scholarship, the presentation of that award will occur at a public reception which will require my attendance. By submitting this signed application, I consent to the release and publication of my information, including the use of my picture, and the use of this information at the reception and in any articles, press releases, or other publications. This consent is irrevocable.

Applicant's Signature _____ **Date** _____

Incomplete applications will not be considered.