

Fayetteville State University National Alumni Association



Anne Arundel County Chapter Maryland

Fayetteville State University National Alumni Association Anne Arundel County Chapter Annual Scholarship

Award:

- \$1000 for the Academic Year September through May

Eligibility Requirements:

- Must be accepted at Fayetteville State University.
- Must have a minimum 2.5 cumulative GPA. (Please attach an official transcript)
- Must be a resident of Maryland/DC/VA.
- Must have completed Free Application for Federal Student Aid (FAFSA).
- Must complete the University's Scholarship Form.

Application must be completed and sent electronically to:

aaccfsu@gmail.com

- **Application must be received by May 15th.**
- **Late applications will not be accepted.**
- **Incomplete applications will not be considered.**

******APPLICATION MUST BE COMPLETED IN IT'S ENTIRETY ******

Full Name: _____

Home Address: _____

FSU Address (if applicable): _____

Home number: _____ **Cell number:** _____

Email: _____

High School: _____

Birthday (month and day): _____

Current classification:

- Freshman (have earned less than 30 credit hours)
- Sophomore (have earned 30-59 credit hours)
- Junior (have earned 60-89 credit hours)
- Senior (have earned more than 90 credit hours)

If a Senior, expected graduation date _____

Major: _____ **Minor (if applicable):** _____

Status:

- Full-time (12 or more credit hours)
- Part-time

List of academic awards and honors:

List of community service activities, awards and honors:

List of extra-curricular activities (sports, clubs, etc.):

What are your post graduate goals (seniors only)?

What, if any, special circumstances would you like the Scholarship Committee to consider in regard to your scholarship application?

To the best of my knowledge and belief, there is no reason that would prevent my being eligible to receive the above-named scholarship. I give my permission to share my academic information and documents with the University Financial Aid Office, governmental and university auditors and representatives of the donor for purposes of verifying my eligibility for this scholarship. I understand that in order to receive this scholarship, I must be enrolled at Fayetteville University and continue to meet all scholarship guidelines.

I also understand that I am expected to attend any Anne Arundel County Alumni Chapter activities when possible.

I have read and accepted the above statement and understand that incomplete applications will not be considered.

Name (please print):

Signature:

Date:

- Have you fully completed the above application?**
- Did you complete the FAFSA? <https://studentaid.gov/h/apply-for-aid/fafsa>**
- Did you complete the FSU Scholarship Form? <https://fsuwebapps@.uncfsu.edu:8443/Scholar/>**
- Did you attach your transcript?**

Thank you for completing the FSU-AACC Scholarship Application. The members of the FSU-AACC share a vision of a community in which the health, safety, and education of all individuals are promoted and supported. The members of the FSU-AACC share a vision of the organization in which the experience, knowledge, and leadership skills of all members are promoted and supported.