



**2007-2008  
RIASFAA Scholarship**

The Rhode Island Association of Student Financial Aid Administrators (RIASFAA) is pleased to announce the Senator Claiborne Pell Scholarship for the 2007-2008 academic year. This scholarship will be awarded to 5 students for \$1,000 each and is NOT renewable.

RIASFAA's purpose is to promote professional preparation and cooperation among student financial aid administrators as well as others in educational institutions, government agencies, foundations, and private community organizations concerned with the support and administration of student financial aid. The Pell Scholarship represents one way we provide outreach to the community and assist student's in achieving their higher education goals.

**ELIGIBILITY CRITERIA:**

All candidates:

- Must be enrolled in a Rhode Island post-secondary institution as a full-time undergraduate student in a degree or certificate program. The institution the student attends **MUST BE** a current institutional RIASFAA member.
- Must have completed a minimum of 1 term or semester (12 credits)
- Must be a Rhode Island Resident
- Demonstrate Financial Need
- Submit a personal statement that provides information about the student's educational and professional goals.

**OTHER INFORMATION:**

- Recipients will be invited to attend RIASFAA's October Meeting for the scholarship presentation.
- Scholarship checks will be made payable to the student and their institution and will be sent directly to the school in a single disbursement after confirmation of enrollment has been received.

***In order to be considered, you must submit the 2007-2008 RIASFAA Scholarship application, signed by your school's financial aid officer; enclose all required attachments, including a copy of your academic transcript; and mail your application packet so that it is postmarked by May 1, 2007. Incomplete or late applications will not be reviewed. Mail to:***

**Edward Maroney  
Office of Financial Aid  
Bryant University  
1150 Douglas Pike  
Smithfield, RI 02917**

# 2007-2008 RIASFAA Scholarship Application

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone # \_\_\_\_\_

Name of school you are attending for 2006-2007

\_\_\_\_\_

Name of school you will be attending for 2007-2008

\_\_\_\_\_

For the 2007-2008 academic year what year will you be in school? \_\_\_\_\_

Major \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Please list any additional information you would like the committee to consider with regard to your application. (Extra curricular activities, special circumstances, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT 1:** Personal Statement of educational and professional goals

**ATTACHMENT 2:** A copy of your academic transcript

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**2007-2008 RIASFAA Scholarship Application (cont.)**

**TO BE COMPLETED BY YOUR SCHOOL'S FINANCIAL AID OFFICE**

Is this student considered full-time? (circle one)                      Yes                      No

If **NO**, but there are extenuating circumstances, please explain:

\_\_\_\_\_

\_\_\_\_\_

The data provided below is for the award year (circle one): 2005-06                      2006-07

Dependency status: (circle one)    Dependent                      Independent

|   |    |
|---|----|
| Cost of Attendance                                  | \$ |
| Federal EFC   | \$ |
| Total Need-Based Financial Aid                      | \$ |
| Amount of Need-Based Aid Comprised of Loans or Work | \$ |
| Total Non-Need Based Financial Aid                  | \$ |
| Total Unmet Need                                    | \$ |

Will this scholarship replace an institutional grant award?    Yes                      No

If **YES**, the student is **not** eligible

Additional Comments: (attach additional if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of  
Institution: \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_