ALABAMA STATE UNIVERSITYMETRO ATLANA ALUMNI CHAPTER

FINANCIAL AID Assistance APPLICATION

Undergraduate Students

Application Deadline:

Please submit One Month Prior to Billing Date

For more information contact: The scholarship committee at asuatlchapter@gmail.com

Financial Aid Assistance Requirements and Procedures

The following requirements must be completed to be considered for financial assistance:

- 1. Be an undergraduate student at Alabama State University. Submit proof of classification.
- 2. Submit a current official ASU transcript from the University. The official transcript must include the registrar's seal and signature.
- 3. Certification form signed by applicant, and parent/guardian.
- 4. Written statement and reason requesting financial assistance.
- 5. Submit the completed typed application to asuatlchapter@gmail.com

Alabama State University
Metro Atlanta Alumni Chapter
SCHOLARSHIP APPLICATION

This application is an interactive document that can be retrieved from our website at www.asuatlchapter.org or you can email asuatlchapter@gmail.com to request a copy. The application MUST be typed.

APPLICATION INFORMATION			
NAME:			
INAIVIE.			
HOME ADDRESS:			
CITY:	STATE:	ZIP CODE:	
HOME PHONE:	CELLULAR PHO	CELLULAR PHONE:	
EMAIL ADDRESS:	DATE OF BIRTH	DATE OF BIRTH:	
CLASSIFICATION:	G.P.A:		
FAMILY INFORMATION			
LEGAL GUARDIAN NAME:	RELATIONS	RELATIONSHIP:	
OCCUPATION:			
HOME ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER:	CELLULAR PHONE:		

GENERAL QUESTIONS		
How did you hear about this scholarship?		
Please briefly state your career plans.		
Please briefly state your career plans.		
List callege and device accordenced because		
List college academic awards and honors.		
COMMUNITY SERVICE AND SCHOOL INVOLVEMENT		
COMMONT SERVICE / MVD SCHOOL HVVOLVEIVEIVI		
List your community activities (non-school) including offices hold. Please do not		
List your community activities (non-school), including offices held. Please do not		
abbreviate.		

FINANCIAL ASSSISTANCE CERTIFICATION

Important: Applicant and Parent /Legal Guardian signatures required below Without these signatures, your application is incomplete and will not be process.

I certify the INFORMATION IN THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE, AND THAT ALL STATEMENTS ARE FACTUAL FOR FINANCIAL ASSISTANCE AID. Further, I understand that financial assistance aid from MAAC -ASU may be denied or revoked if any information contained herein is found to be inaccurate.

CERTIFICATION
NAME OF APPLICANT (PLEASE PRINT):
SIGNATURE OF APPLICANT:
DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:
DATE:

SCHOLARSHIP APPLICATION CHECKLIST (CHECKLIST DOES NOT NEED TO BE RETURNED WITH APPLICATION)

Financial Certification Form signed by applicant and parent/guardian, with original signatures.

Completed type financial aid statement and reason for requesting financial assistance.

Official transcript from the registrar's office with seal and signature.

Application TYPED. This application is an interactive document that can be retrieved from our website at ww.asuatlchapter.org.

Application must be received one month prior to billing date. Please email the completed application to the address below.

MAAC-Alabama State University
Attn: Scholarship-Financial Aid Committee Chair
P.O. Box 44562
Atlanta GA 30336
Or Email to
asuatlchapter@gmail.com