

APPLICATION INSTRUCTIONS

Complete the SUNY/PPAA Scholarship Application (rev. 06/2014) found on the following pages. Provide complete information for all items requested. Please be succinct and to-the-point in responses and avoid providing repetitive information. (There are no extra credit for length or wordiness.)

Try to keep responses to the space provided, but provide attachments as necessary. The application should be fillable using Adobe Acrobat or Adobe Reader. Provide electronic signatures if possible. Otherwise, print the completed form, sign and scan it into a PDF document for submission.

Applications and all attachments should be combined and provided in one electronic document in PDF format. Applications submitted in multiple files will not be considered. The document should be less than 3 MB in size to facilitate transmission. The application document should be named with the following convention, using the applicant's first and last names:

Lastname_Firstname_SUNYPPAA Scholarship Application.pdf
(Example: *Lincoln_Abraham_SUNYPPAA Scholarship Application.pdf*)

Submit the completed application to the SUNY/PPAA Scholarship Committee Chair, Brian Boothroyd, by email to bdboothr@esf.edu (mailed hardcopy applications will not be accepted - the review committee is composed of members of different campuses and information will be exchanged electronically). Please use your application filename as the subject in your email.

<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title

Campus Name

<i>Mailing Address</i>	<i>Telephone (Office)</i>
	<i>Telephone (Cell)</i>
	<i>Fax</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Briefly describe or outline your current role within your organization (basic duties and responsibilities):

Training, Course, Degree, Certification Program Description

Briefly describe the training, course, degree or certification program for which you are applying for a SUNY/PPAA scholarship. Attach a course syllabus or outline. Include a link to any on-line information or resources.

When do you anticipate participating in the program? Provide date(s) or schedule.

What is the cost of the program? Include a breakdown of tuition and fees, required study materials and an estimate of travel and lodging expenses. Attach any support documentation, as appropriate.

Total Cost

Is this program part of a series leading to a degree, certification, license, etc.?

Yes

No

If you answered yes to the previous question, please describe your progress and success in the series along with your schedule for completion:

Briefly describe how participation in this program will support you in your professional aspirations or career goals:

Briefly describe how the knowledge gained through your participation in this program is anticipated to be applied to benefit your campus or

Provide a brief summary of your educational background and other professional development opportunities that you've completed:

Have you received a SUNY/PPAA scholarship in the past?

YES NO If "YES," when?

Applicant Certification:

The information provided herein is true and accurate, to the best of my knowledge. I understand that scholarship awards are granted on a competitive basis and that submission of an application does not guarantee that an award will be granted. Further, I understand that proceeding with a program in advance of a formal grant award is at my own financial risk. By submitting this application I authorize the SUNY/PPAA Scholarship Committee to to contact my supervisor to verify the information provided herein.

Signature

Date

Supervisor's Affirmation:

Supervisor's statement in support of this application.

I affirm that I am the supervisor of the applicant and that this application is submitted with my knowledge, support and in anticipation of the campus' approval of the applicant 's participation in the program for which a scholarship is requested.

Signature

Date

Supervisor's Name, address and preferred contact information: