

SUNY Fulton-Montgomery Community College  
Foundation SCHOLARSHIP

OFFICE USE ONLY

PC#: \_\_\_\_\_

CREDITS : \_\_\_\_\_

COST: \_\_\_\_\_

AWARD: \_\_\_\_\_

**TO BE COMPLETED BY High School Student**

Please complete this portion of the form and *Sign* your name. \*\*

**Current Information:** \*Please Print Legibly\*

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Current Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: (Full number must be provided for eligibility ) \_\_\_\_\_

I certify that information provided in this application is true, complete and accurate and that all statements are my own. A scholarship award from SUNY Fulton-Montgomery Community College, may be denied or revoked if any information contained herein is found to be inaccurate. Should I receive an award, I hereby give SUNY Fulton Montgomery Community College permission to utilize my name, photographs and award amount in publicity and/or marketing materials.

\_\_\_\_\_  
\*\*STUDENT SIGNATURE (required) DATE

**TO BE COMPLETED BY Student's Parent**

I give permission for my child's Free and Reduced lunch status to be disclosed to Fulton-Montgomery Community College for the purposes of determining scholarship eligibility. **I understand that the scholarship will cover up to 50% of the tuition cost and that I will be responsible for payment for the remaining bill including classes that are withdrawn from.**

\_\_\_\_\_  
Parent Signature Date

**TO BE COMPLETED BY High School Official**

After registration, student rosters will be sent to the school's faculty and guidance office to verify enrollment and determine eligibility.

The criteria will be set as follows: (please circle appropriate answer):

- |  |    |     |    |
|--|----|-----|----|
| 1. Enrolled in at least 1 CHS class  | 1. | Yes | No |
| 2. Student meets the individual criteria for free/reduced price lunch criteria (to be verified by High School Guidance Office) | 2. | Yes | No |
| 3. Current High School GPA of 75 or higher (to be verified by High School Guidance Office)                                     | 3. | Yes | No |
| 4. Completed application (incomplete applications will not be considered).   | 4. | Yes | No |

**Application deadline for the FALL 2024 semester is 09/25/2025.**

Students MUST submit a new scholarship application after the Fall CHS Registration to apply for a scholarship in the Spring Term.

\_\_\_\_\_  
High School Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE

**SEND THE COMPLETED APPLICATION TO:**

**Fulton-Montgomery Community College 2805 St Highway 67 Johnstown, NY 12095 Attn: Rebecca Cozzocrea**  
**Fax: (518) 762-2882 Phone: (518) 736-3622 Ext. 8200 Email: [Rebecca.cozzocrea@fmcc.edu](mailto:Rebecca.cozzocrea@fmcc.edu)**