

SUNY Fulton-Montgomery Community College
Foundation SCHOLARSHIP

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 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 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.**

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 SPRING 2026 semester is 02/12/2026.

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**