

DELAWARE - DISTRICT OF COLUMBIA - MARYLAND ASFAA

2026-2027 Scholarship Application

The Delaware–District of Columbia–Maryland Association of Student Financial Aid Administrators (DE-DC-MD ASFAA) awards a minimum of three $1,000 scholarships each year. This scholarship is made possible through the dedication and generosity of DE-DC-MD ASFAA members. Each year, funds are raised during the Association's Fall Conference, where members participate in special events, activities, and giving opportunities that directly support the scholarship fund. These efforts allow our community of financial aid professionals to invest in students across our region and help them pursue their educational goals.

APPLICATION DEADLINE: December 13, 2026

Student Eligibility and Application Process:

Students must meet the following criteria to be considered for this scholarship:

1. Attend an eligible institution in Delaware, District of Columbia, or Maryland during the July 1, 2026 – June 30, 2027, academic year. An eligible institution is defined as an institution with at least one member with an active membership with the DE-DC-MD ASFAA during 2026-2027
2. Demonstrate financial need as defined by the FAFSA and the institution.
3. Undergraduates must have a cumulative GPA of at least 2.5 or the equivalent. Graduates/Professionals must have a cumulative GPA of at least 3.0 or the equivalent.
4. Be enrolled as a full-time student as defined by your institution.
5. Submit the completed application and essay to your Financial Aid Office. Your Financial Aid Director MUST certify your eligibility to complete the application process.

Application Guidelines:

Essay: Submit a brief essay, 100 – 250 words, explaining how this scholarship will help you attain your academic or career goals. Suggested content could include your educational and career goals, jobs held while in college, volunteer or community service performed, or any special circumstances that you would like the Scholarship Committee to consider.

Certification Process: The Financial Aid Director at your school can certify only one (1) eligible candidate and must submit the selected scholarship application to Pablo Hernandez, Awards & Scholarship Committee Chair, prhernandez@aacc.edu within one week of the application deadline.

Applicants will be notified of their status in January. Scholarship checks will be made payable to the student's institution and will be issued for the Spring 2027 semester.



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2026-2027 Scholarship Application

Student Information:

Student Name: _____

Student School ID Number: _____

Name of School: _____

Phone Number: _____

Email: _____

What is your Field of Study (Major)? _____

Anticipated Degree:

- ☐ AA
- ☐ AS
- ☐ AAS
- ☐ BS
- ☐ BA
- ☐ Graduate/Professional
- ☐ Other _____

Student's Statement of Candidacy:

I authorize the DE-DC-MD ASFAA to use the above background information for publicity purposes should I be selected for the scholarship. I also authorize my Financial Aid Office to release information concerning my academic and financial aid history as requested in this application to the DE-DC-MD ASFAA. I understand that I must take my complete application package to my Financial Aid Office to determine my academic eligibility and to complete the certification process.

Student Signature: _____ Date: _____

You must complete the Student Essay Section on the next page to be considered.



Student Essay:

In 100-250 words, please describe how this scholarship will help you achieve your academic or career goals. You may include information about your educational and career goals, jobs held while in college, volunteer or community service performed, or any special circumstances that you would like the Scholarship Committee to consider.

Delaware – District of Columbia – Maryland
Association of Student Financial Aid Administrators (DE-DC-MD ASFAA)

Media Release Form

Recipient Information:

Name: _____

Email: _____

Phone: _____

Permission to Use Name, Image, and Testimonial:

I, the undersigned, grant permission to DE-DC-MD ASFAA to use my name, photograph, and any written statements I provide (including thank-you letters or testimonials) in the organization's publications, website, social media, press releases, and promotional or fundraising materials.

Certification Statement:

I understand that:

- My name, image, and testimonial may be used to highlight the impact of the scholarship program.
- I will not receive compensation for the use of this material.
- I have the right to revoke this consent in writing at any time, and the organization will make reasonable efforts to remove my content from future publications.
- I certify that I am at least 18 years of age (or have obtained a parent/guardian's signature below if under 18), and that I have read and understand this release.

Signature: _____

Date: _____

If under 18 years of age:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



For Financial Aid Directors Only:

This section is to be completed by your school's Financial Aid Director. Only one nomination will be selected from your institution.

Financial Aid Director Name: _____

Institution Name: _____

Director's Phone Number: _____

Director's Email Address: _____

Institutional Address _____
Street Address City State Zip Code

Sector:
- ☐ Public 2 Year
- ☐ Public 4 Year
- ☐ Private 2 Year
- ☐ Private 4 Year
- ☐ Private Career School
- ☐ Graduate/Professional School

Financial Aid Director's Certification Statement:

I hereby certify that this student meets all eligibility criteria for the DE-DC-MD ASFAA Scholarship. I further certify that this scholarship award will not reduce any gift aid that this student may receive for the 2026-2027 award year. I reviewed the following criteria and certified that the applicant meets each requirement:

1. Does the student have financial need? ☐ YES ☐ NO
2. Student GPA: ☐ Meets Undergraduate 2.5 or equivalent GPA requirement
   ☐ Meets Graduate/Professional 3.0 or equivalent requirement
3. Is the application complete? ☐ YES ☐ NO

Financial Aid Director's Signature: _____ Date: _____

Awards and Scholarships Committee Use Only

Application Received Date: _____ Review Date: _____ Recommendation: _____