



**ACT FOR EXCELLENCE AND STUDENT INITIATIVE SCHOLARSHIP
ASSOCIATION OF COUNCIL MEMBERS AND COLLEGE
TRUSTEES SCHOLARSHIP APPLICATION**

Purpose of Scholarship: To reward students for excellence in their academic performance and extraordinary commitment to their campus and/or community. The scholarship amount is \$1000 with an additional \$250 given in their name to the charity of his/her choice.

Requirements: An individual applicant must have a Dean's List GPA as of the last reporting period. This student also must have played a role identifying and/or supporting specific needs on your campus or in your community and worked to provide a service or solution to address that need.

Name _____ Campus _____

Home Address _____

Campus Address _____

Home Phone _____ Campus Phone _____

Major _____ Expected date of graduation (year) _____

If you are selected for an **ACT FOR EXCELLENCE AND STUDENT INITIATIVE** scholarship, may we release this information to the media and include it in college, SUNY, and ACT publications and websites? If yes, please sign and date below.

Signature _____ Date _____

Bearing in mind that the **ACT FOR EXCELLENCE and STUDENT INITIATIVE** scholarship is an academic award, please discuss briefly the specific circumstances and reasons why you should be given this award. Include your GPA and describe your college experience and any activities you are involved in beyond academics. Applications will also be judged by your commitment to your campus or community. Please discuss how you have played a role identifying and/or supporting specific needs on your campus or in your community (Please attach any supporting documentation from faculty and/or administrators).

Application must be signed by College Council chair or College President. If possible, winners and their guests should plan to attend the Awards Luncheon at the ACT Fall Conference on October 19, 2019 at The Otesaga, Cooperstown, NY.

Council chair or President:
Name/Campus (printed) _____

Signed _____

Applications must be received no later than July 5, 2019. Send to: The Association of Council Members and College Trustees of SUNY, Attention: Teare VanDenburgh, S411 SUNY Plaza, 353 Broadway, Albany, NY 12246 or via email at Teare.VanDenburgh@suny.edu. Direct questions to Jim Campbell at 518-320-1148 or e-mail at Jim.Campbell@suny.edu