

Student Grant Application

A Cobleskill grant will provide SUNY Cobleskill students with financial assistance with demonstrated need due to circumstances beyond their control. The grants are funded by donations to the SUNY Cobleskill Completion Grant, the Coby Fund, the Course Material Grant, and through the generosity of the Cobleskill Alumni Association.

Date: _____ Student ID #: _____

Name: _____

Local/Campus Address: _____

Email Address: _____ Phone #: _____

Academic Major: _____ Cumulative GPA: _____

Amount Requested: _____ Did you apply for Financial Aid? _____

If you did not apply, why? _____

Please type and attach a one page summary detailing reason for request and listing specific need.

Student Signature: _____ Date: _____

**Please submit this cover page with typed summary as outlined above to:
The Office of College Advancement, 228 Knapp Hall, or the Student Development Office, 237A
Knapp Hall, SUNY Cobleskill.**

Office Use Only

- Completion Grant** – May be awarded to any student completing a degree with 5 or less credit hours. Student would have exhausted all other financial aid options.
- Coby Fund** - a one-time only source of financial support for SUNY Cobleskill students who are in need and have exhausted all other forms of financial assistance. Coby Fund grants range up to \$500.
- Course Material Grant** - may be awarded to a student once per academic year. Applicants will be reviewed, and awarded based on student need.

Approvals Required:

<input type="checkbox"/> Financial Aid (All grants)	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Comment: _____
<input type="checkbox"/> Provost (Completion Grant)	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Comment: _____
<input type="checkbox"/> Chief Advancement Officer (Completion Grant, Coby Fund)	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Comment: _____
<input type="checkbox"/> VP for Student Development (Course Material Grant)	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Comment: _____
<input type="checkbox"/> Executive Director, CAS (Course Material Grant)	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Comment: _____

Date Received: _____ Amount Approved: _____

Student notified by: _____