



The below mentioned student has applied to receive a research stipend and/or scholarship administered by a faculty member at Queensborough Community College. Please complete and certify the school section of this form and return in a sealed envelope to the following:

Ms. Moira Adams, Director
Office of Grants/Sponsored Programs
Queensborough Community College
Humanities Building, H-336
222-05 56th Avenue Bayside, NY 11364

Student Section

Last Name First Name M.I.
Address City State Zip Code
Student Email Address
Student Social Security Number
Semesters of Research Project
Are you a full-time or part-time student for the semesters above? Full-time Part-time
Did you complete a FAFSA for the above academic year? Yes No

I approve the release of the below mentioned information to Queensborough Community College.

Student Signature Date

School Certification Section

Did the student complete a FAFSA for the above academic year? Yes No
Total cost of attendance for semesters indicated above \$
Unmet need \$

I certify that the above information is correct and accurate.

Financial Aid Officer Signature Date
Financial Aid Officer Name
Title
Telephone Email