



## APPLICATION FOR NEED-BASED SCHOLARSHIP

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Campus: \_\_\_\_\_

Start Date: \_\_\_\_\_

1. Have you completed the FAFSA (or International Student Financial Aid application)? ☐ Yes ☐ No

\* If "No," you will need to complete this application for consideration for this award.

2. Are you planning to transfer any college credits into your AMDA Degree program? ☐ Yes ☐ No

\*If "Yes," please be sure you have submitted your college transcript for evaluation to your Admissions Advisor.

3. Essay (300-500 words)

Please provide an explanation of your financial situation and why you require additional funding to attend school. Be sure to include as much detail as possible; including household income, savings and your plan to secure the remaining tuition balance.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

You may return your completed application to [scholarships@amda.edu](mailto:scholarships@amda.edu). Please allow 1-2 weeks for review.