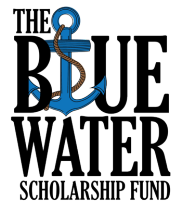


To: State University of New York - Maritime
 6 Pennyfield Avenue
 Throggs Neck, NY 10465-4198



The Blue Water Scholarship Fund is assessing the educational financial needs of _____
 student ID # _____, and they have given authorization as shown below for the release of this information to
 assist in our efforts.

In order to assist us in this effort we would ask that you kindly provide the below information:

Is this student a full time undergraduate student enrolled in the USCG license program? YES / NO

Does this student remain in good academic standing according to the institution's criteria? YES / NO

Is the student eligible for the Excelsior Scholarship Program? YES / NO / UNKNOWN

	A	B	C	D	E	F
Academic Year: 20____/20____	Applicable Tuition to Student	Room and Board Applicable to Student	Additional Mandatory Academic Fees	Amount of Financial Aid Received	Student Loans Received	Net Amount Unfunded **F = (A+B+C) - (D+E) **
Fall Semester						
Spring Semester						
Summer Sea Term						

Certified by:

_____ Signature _____ Printed Name _____ Title and Date

Student release:

I _____ student ID # _____, hereby authorize the SUNY Maritime College to disclose my financial aid and/or academic records with the Blue Water Scholarship Fund and its representatives.

_____ Printed Name

_____ Date

_____ Signature