

# THE OTTO SUSSMAN TRUST SCHOLARSHIP

## Available For “Undergraduate and Graduate Students”

**Title:** The Otto Sussman Trust Scholarship

**Eligibility:** The Otto Sussman Trust is offering financial awards to students at Marist University. This award applies to students who have exhausted all forms of financial aid available and are in need of funds to cover academic expenses.

*Eligibility requirements:*

- Resident of New York, New Jersey, Pennsylvania or Oklahoma
- Must be in need of financial assistance by reason of death or illness in their immediate families or because of some other unusual or unfortunate circumstance.
- Must be enrolled full-time and be in good standing at his/her school, and not a freshman. Graduate Students are welcome.
- Must be selected by the School’s Financial Aid Officer as worthy of consideration. Applications will not be accepted directly from students.
- Preference given to seniors and Graduates in their final year of study who might not graduate without financial assistance from the Trust.
- GPA of 3.0 or better

(Funding is not available to assist students who have selected to study abroad or face financial hardships due to previously studying abroad.)

**Award Amount:** Varies depending on financial need.

**Additional Info:** Special circumstances may include death of parent(s), medical expenses not covered by insurance for illness or injury, or unemployment.

**Application:** Complete the application below and return to:  
Marist University  
Office of Student Financial Services  
3399 North Road  
Poughkeepsie, NY 12601

**Questions:** Contact Student Financial Services  
845-575-3230  
studentfinancialservices@marist.edu

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Name of Student

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Name of College or University

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Date of Application

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CWID

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Academic Year

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Trust Decision

**Otto Sussman Trust**  
**Application for Student Financial Aid**  
**Part I:** To be completed by University Aid Officer

Instruction: Fill out this form including financial information and sign it. Return it with Part II of Application (prepared by student) and its attachments to the Trustees for action.

To: Edward S. Miller, Alice M. Ullman and Catherine B. Glennon, Trustees under Paragraph I of Article Fifth of the Last Will and Testament of Otto Sussman.

The applicant is in need of financial assistance to meet educational expenses because of death or illness in his or her family or because of some other unusual or unfortunate circumstance.

I certify that I have investigated the foregoing case and that the facts above set forth (including the accuracy of the applicant's budget and the resources and the circumstances giving rise to the need) have been verified by me. At the end of the current academic year (quarter/semester) I will advise you in writing whether the applicant has completed the term and has applied the proceeds of any grant hereunder to the expenses described in the foregoing application.

My recommendations are:

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Signature of University Official

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Name (printed)

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Title

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Date

(continued)

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Name of Student

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Name of College or University

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Date of Application

**Otto Sussman Trust**  
**Application for Student Financial Aid**  
**Part I:** To be completed by University Aid  
Officer

Instruction: Do not leave blanks, fill in all lines. Indicate “not eligible” (“NE”) where appropriate. Re. Institutional Budget, attach a breakdown showing tuition, fees, room/board, books/supplies, travel, etc.

|                               |    |    |
|-------------------------------|----|----|
| Total Institutional Budget    |    | \$ |
|                               |    |    |
| Parent + Student Contribution | \$ |    |
|                               |    |    |
| State Programs                | \$ |    |
| Grant                         | \$ |    |
| Other                         |    |    |
|                               |    |    |
| Campus Based/Title IV Aid:    | \$ |    |
| Pell                          | \$ |    |
| S.E.O.G.                      | \$ |    |
| Perkins Loan                  | \$ |    |
| College Work Study            | \$ |    |
| Stafford Loan                 | \$ |    |
| Unsubsidized Stafford Loan    | \$ |    |
| Other (Parent Plus Loan)      | \$ |    |
|                               |    |    |
| Institutional Aid             |    |    |
| Scholarship                   | \$ |    |
| Grant                         | \$ |    |
| Other (identify)              | \$ |    |
|                               |    |    |
| Other Resources (identify)    | \$ |    |
|                               | \$ |    |
|                               | \$ |    |
|                               |    |    |
| Total Resources               |    | \$ |
|                               |    |    |
| Remaining need                |    | \$ |

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of College or University

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
CWID

\_\_\_\_\_  
Academic Year

\_\_\_\_\_  
Trust Decision

**Otto Sussman Trust**  
**Application for Student Financial Aid**  
**Part II:** To be completed by student applicant

The undersigned applicant is in need of financial assistance to meet educational expenses because of death or illness in his or her family or because of some other unusual or unfortunate circumstance.

**Instruction:** Fill out and sign this form and return it with attachments to your University Financial Aid Officer. He/She will forward it to the Trustees with addition information.

I. The undersigned is a legal resident of the State of (check one):

\_\_\_\_\_  
New York

\_\_\_\_\_  
New Jersey

\_\_\_\_\_  
Pennsylvania

\_\_\_\_\_  
Oklahoma

Date continuous residence in State began: \_\_\_\_\_

(If date above is within three years of date of application, name former State or Country of residence and explain reason for change of residence to current State)

II. The following items must be attached (check if attached):

- Copy of signed federal or state standard application for student aid \_\_\_\_\_
- Transcript of courses and grades through prior school term \_\_\_\_\_
- Statement explaining special need. Attach a page and be sure to explain if and why the unfortunate circumstance is short term, i.e. expected to improve after this academic year or in the near future. \_\_\_\_\_

III. Amount of assistance requested: \$\_\_\_\_\_

Need calculated by Aid Officer: \$\_\_\_\_\_

If amount requested differs from need calculated by Financial Aid Officer, explain why:

## **CERTIFICATION & RELEASE**

I certify that this statement, the attachments and Part II of the application are true and correct statements of the facts, and I agree to return any portion of a grant made in accordance herewith which shall not have been used for the purpose stated herein

I hereby release the information on all portions of this application and any supporting documents for use of the Trustees and their agents and waive confidentiality for this purpose.

Neither I, nor my husband or wife, parents or grandparents, (i) has ever contributed to the Charitable Trust under the Will of Otto Sussman, (ii) has ever been an officer, director, trustee or employee of such trust or (iii) has ever had an ownership or beneficial interest in any corporation, partnership, or trust which ever contributed to such trust.

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Signature of Applicant.