

MIAMI DADE COLLEGE ARVIN & HELEN MAGGARD MIGRANT SCHOLARSHIP APPLICATION 2016-2017

Student Name:	
Mailing Address:	
Home Phone #: ()	Work Phone #: ()
MD ID#: Campus:	E-Mail Address:
Date of Birth: Sex:	Marital Status:
Ethnicity: (please circle) W B H A I O H	ligh School Attended:
Citizenship: U.S. Citizen Perm. Re	esident: Visa: Other:
Legal Residence: County:	State:
Cumulative GPA: Program GPA: _	
Expected Graduation Date: Degree	e Program: (please circle) AA AS BS Other
Major:	
Have you applied for Financial Aid for 2016-2	017? (Please circle) Yes No
Are you employed? (Please circle) Yes No	

Student Signature

Date

MAIL this completed form to: Due Date: <u>September 16, 2016</u> David Medina Miami Dade College District Financial Aid Office - Room 1127 11011 SW 104th Street Miami, FL 33176

ARVIN & HELEN MAGGARD MIGRANT SCHOLARSHIP

SCHOLARSHIP CRITERIA

- a. Degree-seeking students enrolled in/or accepted for admission at Miami Dade College.
- b. U.S. citizens or permanent residents and Miami-Dade County residents.
- c. Awarded to migrant students only.
- d. Students must provide certification letter from the Miami-Dade County Migrant Education Program.
- e. Renewable for up to 2 (two) years.
- f. Students must have a cumulative grade point average of at least 2.5 at the College or, if newly enrolled at the College, at prior institutions attended.

NOTE: In order for students to apply, they must obtain a letter from the Miami-Dade County Migrant Education Office certifying that they are in the Migrant Program. The phone number is (305) 258-4115. Students must send the letter with the completed application to the MDC Director of Scholarships, David Medina.

All mailed applications must be *postmarked* no later than September 16, 2016.