



MIAMI DADE COLLEGE  
Miami Marlins  
SCHOLARSHIP APPLICATION  
2017

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

MDC ID#: \_\_\_\_\_ Campus: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnicity: (*please circle*) **W B H A I O** High School Attended: \_\_\_\_\_

Citizenship: U.S. Citizen: \_\_\_\_ Perm. Resident: \_\_\_\_ Visa: \_\_\_\_ Other: \_\_\_\_

Legal Residence: County: \_\_\_\_\_ State: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Program GPA: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Degree Program (*please circle*) **AA AS BS Other** \_\_\_\_\_

Program of Study: \_\_\_\_\_

Have you applied for Financial Aid: (*please circle*) YES / NO

Are you employed? (*please circle*) YES / NO

\* Please include a paragraph describing your community involvement as a method of giving back to the community with your abilities. Please attach to this application. (Community involvement should be additional to the mandatory College stated hours.)

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

MAIL this completed form to:  
Due Date: December 6, 2016

**David Countin, Scholarship Coordinator**  
**300 N.E. Second Avenue, Room 9202**  
**Miami Dade College**  
**Miami, Florida 33132**