

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

Student Name:			
Mailing Address:			
		Work Phone #: ()	
MD ID#:	Campus:	E-Mail Address:	
Date of Birth:	Sex:	Marital Status:	
Ethnicity: (please circle) W B	HAIO Hig	gh School Attended:	
Citizenship: U.S. Citizen	Perm. Resi	ident: Visa: Other:	
Legal Residence: County: _		State:	
Cumulative GPA:	Program GPA:		
Expected Graduation Date:	Degree I	Program: (please circle) AA AS BS Othe	er
Major:			
Have you applied for Financ	cial Aid for 2016-20	17? (Please circle) Yes No	
Are you employed? (Please c	ircle) Yes No		

Student Signature

Date

MAIL this completed form to: Due Date: February 3rd, 2017

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 **February 3rd, 2017**.