



MIAMI DADE COLLEGE
Miami Northwestern Class of 1964
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 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 _____

Major: _____

Have you applied for Financial Aid for 2016-2017? *(Please circle)* Yes No

Are you employed? *(Please circle)* Yes No

Student Signature

Date

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

David Medina, Scholarship Director
Miami Dade College
District Financial Aid Office – Room 1127
11011 SW 104th Street
Miami, FL 33176

**Miami Northwestern Class of 1964
SCHOLARSHIP**

SCHOLARSHIP CRITERIA:

1. Student must be a Miami Northwestern High school senior, scheduled to graduate.
2. Student must have a minimum 2.5 GPA
3. Student must submit answers to the following:
 - a) Please describe in 300 words or less, your community service project and what you gained from it.
 - b) How do you think furthering education will benefit family and community?
4. Student may be required to attend one of the organization's monthly meetings.

All mailed applications must be *postmarked* no later than **February 3rd, 2017**.