



**MIAMI DADE COLLEGE  
Sisterhood Guild of America  
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 3<sup>rd</sup>, 2017**

**David Medina**  
Miami Dade College  
District Financial Aid Office - Room 1127  
11011 SW 104<sup>th</sup> Street  
Miami, FL 33176