



MIAMI DADE COLLEGE
The Andrea Castillo Foundation
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 28th, 2017

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

The Andrea Castillo Foundation Scholarship

SCHOLARSHIP CRITERIA:

1. Degree-seeking students enrolled in the College's Bachelor in Early Childhood Education Program.
2. GPA of at least 3.0
3. Graduated from the Miami Dade County Public School System.
4. Candidates are required to write an essay on volunteerism in the education field.

All mailed applications must be *postmarked* no later than **February 28th, 2017.**