



MIAMI DADE COLLEGE
City of Doral
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: October 28th, 2016

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

City of Doral SCHOLARSHIP

SCHOLARSHIP CRITERIA:

1. Full-time degree-seeking student enrolled in or accepted for admission to the College.
2. Preference will be given to students who have had perfect K-12 school attendance on schools located within the city boundaries of the City of Doral, as evidenced by a certificate from the school system.
3. Student must be taken at least one class at the Miami Dade College West Campus.
4. Legal residents of City of Doral.
5. Student may be required to appear before the Doral City Council for introduction.

All mailed applications must be *postmarked* no later than **October 28th, 2016**.