



MIAMI DADE COLLEGE
David Reyes Memorial
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

David Reyes Memorial Scholarship

SCHOLARSHIP CRITERIA:

1. Students enrolled in or accepted for admission to the School of Health Sciences and pursuing an associate degree in Emergency Medical Service or an Emergency Medical Technician Certificate. First preference will be given to students pursuing an Emergency Medical Technician Certificate.
2. U.S. citizens or permanent residents.
3. Demonstrated financial need based on federal financial aid standards, as determined by the College's Financial Aid Office.
4. A cumulative grade point average of at least 2.5 at the College or, if newly enrolled at the College, at prior institutions attended.

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