



MIAMI DADE COLLEGE
Elizabeth L. Virrick
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

Elizabeth L. Virrick SCHOLARSHIP

SCHOLARSHIP CRITERIA:

1. Current or past resident of the **West Grove community** who has demonstrated financial need.
2. Enrolled in a degree program at Miami Dade College
3. Students will complete the 2016-2017 FAFSA application.
4. Students need to write an essay that demonstrates their desire to improve themselves through education and what they have done to improve their grades.

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

