



**MIAMI DADE COLLEGE**  
**Miami Northwestern Class of 1964**  
**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 28<sup>th</sup>, 2016**

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

**Miami Northwestern Class of 1964  
SCHOLARSHIP**

***SCHOLARSHIP CRITERIA:***

1. Student must be a Miami Northwestern High school senior, scheduled to graduate.
2. Student must have a minimum 2.5 GPA
3. Student must submit answers to the following:
  - a) Please describe in 300 words or less, your community service project and what you gained from it.
  - b) How do you think furthering education will benefit family and community?
4. Student may be required to attend one of the organization's monthly meetings.

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