



MIAMI DADE COLLEGE
Philbrick 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

Philbrick Scholarship

SCHOLARSHIP CRITERIA:

1. Student must be U.S citizens.
2. Students must have a GPA of 2.5.
3. Student must have filed a 2016-2017 FAFSA application, but does not qualify for any federal assistance.
4. Must have completed 15 hours of Funeral Services credits.
5. Must submit a 250-word essay stating why the student has financial need.

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