

Medical Campus

MIAMI DADE COLLEGE, MEDICAL CAMPUS NURSING SCHOLARSHIP APPLICATION PACKET

Directions: Please send all necessary documents **together** with the scholarship application, and send to the address below. Applications **will not** be accepted if documents are missing.

Thank you for your cooperation.

I. Information to be submitted:

- A. Completed and signed application form. Print clearly.
- B. Documents required for the scholarship of choice.
- C. Most recent unofficial transcript from Miami Dade College.
- D. Letter of admission to School of Nursing at MDC.

II. Application process:

- A. Scholarships are only for first semester Associate of Science in Nursing students.
- B. Applications from eligible candidates will be reviewed by Scholarship Committee.
- C. All applicants must have completed the Federal Student Financial Aid (FAFSA) application. Award is contingent on unmet need.
- D. Completed applications and supporting data should be submitted to the address below by Friday, September 30, 2016.

<u>Please mail completed applications to:</u> Miami Dade College Medical Campus Student Services - Room 1113 950 NW 20th Street Miami, FL 33127 Telephone: 305-237-4141

Nursing Scholarship Application



Directions: Submit the completed Nursing Scholarship Application with all necessary documents to the New Student Center (Room 1113) at the Medical Campus. Applications will not be accepted if documents are missing. Submit your completed application no later than September 30, 2016.

Name of Applicant:							
		(Last)		(1	First)		(Middle Initial)
Miami Dade ID #				Social Secu	ırity #		
					L		
Home Address:							
	(St	reet)		(City)		(State)	(Zip)
Phone Number		Phone Numb	er		Email:		
	(Home)		(Cell)				
Natural Science GP/	A / Nursing GPA	: 🗔 т	lease include a o calculate Nat hart provided o	ural Science		•	• •
First Semester in Nu	ursing program		No				
*Have you applied f	for FAFSA?	Yes	No				
Scholarship you are	applying for (F	Please check o	ne ONLY)				
Work Experience (Tra	insitional/Bridge Or	ıly)	Retraini	ng (AO Only)			
Medical Campus Amb	oassador (Generic F	ull Time Only)	Need Ba	ased (All Progra	ams)		
Please indicate all d	locuments inclu	ıded:					
(Please only include	e the document	s needed for t	he specific scho	olarship you	ı are app	lying for)	
Copy of Acceptance	Letter to Program	Proof of Unr	met Need (Copy of	S.A.R. Report f	rom Finand	cial Aid)	Resume
Verification Letter fro	om Employee	Unofficial MI	DC Transcript				
Recommendation Le	tter	Essay					
Signature of Applicant			Date				
Submit Application with New Student Center (Roc Miami Dade College, Mec 950 NW 20th St Miami, FL 33127 Phone: (305) 237-4141	om 1113)	ents to:	For more informat Dawn Diamond Phone: (305) 237-4 Email: Ddiamon1@	4471			

*Award is contingent on unmet need.

- 1. Using the key provided below, multiply the point value for your assigned grades by number of credits for each class. (See example below.)
- 2. Add total number of grade points for all courses.
- 3. Add total number of credits for all courses.
- 4. Divide total number of grade points by total number of credits.

Required Course	Grade	Credits	Grade Points
Sample:			
AAA0000	A	3	12
CHM1033			
CHM1033L			
BSC2085			
BSC2085L			
BSC2086			
BSC2086L			
MCB2010			
	Total		

Calculation

Grade Points Total		Credits Total		Natural Science GPA
	1		=	

Key:

How to Calculate Nursing Grade Point Average

- 1. Using the key provided below, multiply the point value for your assigned grades by number of credits for each class. (See example below.)
- 2. Add total number of grade points for all courses.
- 3. Add total number of credits for all courses.
- 4. Divide total number of grade points by total number of credits.

Required Course	Grade	Credits	Grade Points
Sample:			
NURXXXX	A	3	12
NUR			
NUR	-		
NUR			
		Total	

Calculation

Grade Points Total		Credits Total		Natural Science GPA
	1		=	

Key:

A = 4	
B = 3	
C = 2	
D = 1	
F = 0	-
U = 0	
X = not included	
S = not included	