

MIAMI DADE COLLEGE, MEDICAL CENTER 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 transcript from Miami Dade College.
- D. Letter of admission to School of Nursing at MDC.

II. Application process:

- A. Applications will be accepted once or twice a year depending upon the program.
- B. Scholarships are only for in-program Associate of Science in Nursing students only; first or second semester depending on scholarship.
- C. Applications from eligible candidates will be reviewed by Scholarship Committee.
- D. Completed applications and supporting data should be submitted to the address below by July 30, 2010.

Please mail completed applications to:
Miami Dade College
Medical Center 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 Center Campus. Applications will not be accepted if documents are missing. Submit your completed application no later than July 30, 2010.

Name of Applicant:	,						
name of Applicants	(Last)		(First)			(Middle In	
Miami Dade ID #				Social :	Security#		
Home Address:	(St	reet)		(City)		(State)	(Ziņ
Phone Number	(Home)	Phone Number	er	(Cell)	Email:	(State)	\—.r
Are you an Internat	tional Student?		If so, p	olease includ	le a copy of	your Visa	and I-20.
Cumulative Grade I	Point Average:	Please	include a	n unofficial l	Miami Dade	College t	transcript.
First Semester in N	ursing program	?	No				
Scholarship you are	e applying for (F	Please check or	ne ONLY)				
Essay Contest (Gene	ric Full Time, Interna	tional Only)	☐ Medic	al Center Camp	us Ambassado	r (Generic Fu	ull Time Only)
Work Experience (Transitional/Bridge Only)			☐ Retraining (AO Only) ☐ Need Based (All Programs)				
Please indicate all o			ne specific	: scholarship	you are ap	plying for	·)
Copy of Acceptance	net Need (Co	ppy of S.A.R. Rep	oort from Finar	ncial Aid)	Resume		
Verification Letter from Employee Proof of Int			national Stu	dent Status (Co	py of Visa and	I-20)	Essay
Recommendation Letter Unofficial MDC Transcript							
Signature of Applicant			Date				
Sumbit Application with all required documents to: New Student Center (Room 1113) Miami Dade College, Medical Center Campus			For more in Dawn Diam Phone: (305		act:		

950 NW 20th St Miami, FL 33127 Phone: (305) 237-4141 Phone: (305) 237-4471 Email: Ddiamon1@mdc.edu