



Florida Memorial University Scholarship Application

Name:	Date of Birth:
Student ID Number (if available):	Classification: <u>Senior</u>
Major (if known):	Email Address:
Mailing Address:	
Telephone (please use best contact number): Birthplace of parents/guardian: Haiti	
A minimum grade point average (GPA)	h this application form): ic of immigration reform in the United States. A) of 2.5. Returning students must submit an unofficial copy of may submit an unofficial copy of their high school transcript.
Note: Eligible students must be registered as full-time undergraduate students (12 or more credit hours).	
Address for mailed applications:	Scholarship Coordinator Office of Financial Aid Student Services Building 15800 NW 42nd Avenue Miami Gardens, FL 33054
Emailed applications may be sent to: scholars	hip@fmuniv.edu
* All applications and required documentation ** Incomplete applications will not be consider	n must be turned in by July 31, 2017 at 4:00 p.m. EST ered by the Review committee.
If you have any questions, please call James S	terlin, Scholarship Coordinator at 305.626.3147.
might affect their overall Financial Aid packag	FMU Financial Aid Advisor to determine how a scholarship award ge. Meeting with a Financial Aid advisor is a key step toward will provide additional funds or supplant funds already allocated.
SIGNATURE OF APPLICANT: Essay of 500 words or less on the topic of	
Lasay of add words of less off the topic of	inningration retorm in the officed states.