



**Broward Vision Scholarship  
Office of Student Financial Aid  
2912 College Avenue  
Liberal Arts Building, room 122  
Davie, Florida 33314**

Name: \_\_\_\_\_ FAU Z Number Z \_\_\_\_\_ Social Security # XXX - XX - \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipation graduation: Term & Year: \_\_\_\_\_ FAU GPA: \_\_\_\_\_

Please circle below:

Current Classification:      Freshman    Sophomore    Junior    Senior    Graduate Student

**PLEASE ATTACH A 300 WORD ESSAY STATING YOUR CAREER GOALS:**

**STATEMENT OF FINANCIAL NEED:**

**ACTIVITIES: (Clubs, Organizations, etc)**

Are you currently employed?     YES     NO    Hours/week \_\_\_\_\_

**LIST ALL RESOURCES (Any other form of financial aid or assistance):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize the release of this application and any relevant supporting information to persons involved in the selection of the scholarship recipient(s).**

Applicant's Signature

Date

Office Use Only:

GPA \_\_\_\_\_ EFC \_\_\_\_\_ Credits \_\_\_\_\_ Broward Credits \_\_\_\_\_ MAJOR \_\_\_\_\_