



**Broward Vision Scholarship
Office of Student Financial Aid
3200 College Avenue
Liberal Arts Building, room 122
Davie, Florida 33314**

Name: _____ FAU Z# Z _____ Social Security# XXX-XX-_____

Home Address: _____

Phone: _____ Cell phone: _____ Email: _____

Anticipation graduation: Term & Year: _____ FAU Cumulative GPA: _____

Please circle below:

Current Classification: Freshman Sophomore Junior Senior Graduate Student

Have you applied for this scholarship before? Yes _____ No _____ If "Yes" semester(s) applied: _____

Please Circle Primary Campus:

 Broward Boca Raton Jupiter Port St. Lucie

Statement of Financial Need:

Are you currently employed? _____ YES _____ NO Hours/week _____

Activities: (Clubs, organizations, etc.)

Do you receive any other form of financial aid or assistance? _____ If YES, please list below:

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 _____