



**College of Education  
Scholarship Application**

<b>Name:</b>	<b>Z number:</b>
<b>FAU email:</b>	<b>Major:</b>
<b>Primary Campus:</b> <input type="checkbox"/> Boca <input type="checkbox"/> Davie <input type="checkbox"/> Jupiter	
<b>List all financial resources you receive (scholarships, assistantships, grants, etc.):</b>	
<b>Have you completed a FAFSA for 2017-2018?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Identify and rank a maximum of 3 general scholarships:</b>	
1.	
2.	
3.	
<b>Identify and rank a maximum of 3 scholarships from your academic department:</b>	
1.	
2.	
3.	
<b>Authorization:</b> <i>I authorize the release of this application and any relevant information to persons involved in the selection of FAU College of Education Scholarship Recipients.</i>	
_____ Applicant's Signature	_____ Date