



The Hundred Club of Broward County, Inc. Scholarship Fund

Office of Student Financial Aid

**3200 College Avenue
Liberal Arts Building, room 122
Davie, Florida 33314**

NAME: _____ **FAU Z Number Z** _____ **Social Security # XXX - XX -** _____

HOME ADDRESS: _____

MAJOR: _____ **PHONE:** _____ **Email:** _____

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

Please circle below:

Current Classification: Freshman Sophomore Junior Senior Graduate

CAREER GOALS:

STATEMENT OF FINANCIAL NEED:

ACTIVITIES: (Clubs, Organizations, etc)

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