



**College of Education
Scholarship Application**

Name:	Z number:
FAU email: Phone Number:	Major:
Primary Campus: <input type="checkbox"/> Boca <input type="checkbox"/> Davie <input type="checkbox"/> Jupiter	
List all financial resources you receive (scholarships, assistantships, grants, etc.):	
Have you completed a FAFSA for 2022-2023? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify the current scholarship that you are applying for:	
1.	
2.	
3.	
4.	
5.	
<p>*Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No: <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></p> <p>Type Name _____ Date _____</p>	

***By submitting this application, I authorize the Office of Student Financial Aid to release information pertaining to my financial aid eligibility to the FAU Foundation for the purposes of determining my scholarship eligibility.**