



**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. | |
| *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> | |
| Type Name | Date |
| _____ | _____ |

***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.**