



**College of Education
Scholarship Application**

Name:	Z number:
FAU email:	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 2021-2022? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify the current scholarship(s) that you are applying for:	
1.	
2. N/A	
3. N/A	
4. N/A	
5. N/A	
<p><i>Authorization: I authorize the release of this application and any relevant information to persons involved in the selection of FAU College of Education Scholarship Recipients. Additionally, 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.</i></p> <p>Applicant's Typed Signature _____ Date _____</p>	