



**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 2015-2016? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Identify and rank a maximum of 3 general scholarships: | |
| 1. | |
| 2. | |
| 3. | |
| Identify and rank a maximum of 3 scholarships from your academic department: | |
| 1. | |
| 2. | |
| 3. | |
| <p>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.</p> <p>_____ Applicant's Signature</p> <p>_____ Date</p> | |