



**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 (year) <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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;">Type Name</div><div style="width: 45%;">Date</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; border-bottom: 1px solid black;"></div><div style="width: 45%; border-bottom: 1px solid black;"></div></div>	

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.