The Minority Community College Transfer Scholarship is a competitive award granted to qualified minority students, at Florida International University, who are Florida residents on the basis of financial need, academic merit, or both. Through this program, recipients may receive awards of $1,600 ($800 per semester; fall/spring or both) for year-long, full-time study.

Eligibility Requirements
To qualify to receive this scholarship, a student must meet the following criteria:

1. Have been accepted as a degree seeking junior student at Florida International University;
2. Have fulfilled College Level Academic Skills Test (CLAST) requirements;
3. Have earned an A.A. or A.S. degree from an accredited Community College between Jan. - Aug. 2014;
4. Have been classified as a Florida resident for tuition purposes for at least 1 year preceding the award of aid (Florida Statute 1009.21); and
5. Have met the eligibility requirements of Section 240.404, Florida Statutes, for an award of State financial aid.

Application Requirements
To be considered for the Minority Community College Transfer Scholarship, new applicants should submit the completed application along with the following supporting documents by May 31, 2014:

1. One page, double spaced personal statement expressing career objectives, achievements, and activities
2. Letter of acceptance
3. Official current transcript from community college indicating degree conferred before award is dispersed
4. Three letters of recommendation from college professors or college advisors addressing your academic success and potential.
5. Copy of completed 2013-14 FAFSA form (need and need/merit based only)

Current recipients should only submit their completed application form, FAFSA confirmation, and official final transcript.

Scholarship Requirements
Recipients of the Minority Community College Transfer Scholarship must reapply annually and are required to:

1. Attend orientation in August of the award year
2. Maintain a 2.0 cumulative GPA in all post-secondary credits, if a need-based recipient
3. Maintain a 3.0 cumulative GPA in all post-secondary credits, if a merit-based recipient
4. Notify the Office of Equal Opportunity and Diversity of any change in name, address, graduate program, or school.

If you have any questions regarding this program, contact the Office of Equal Opportunity and Diversity at eopd@fiu.edu (305) 348-2785. Submit your complete application packet on or before May 31, 2013 to the address below. Incomplete or faxed applications will not be considered.

Equal Opportunity Programs and Diversity
Florida International University
11200 SW 8th Street, PC-321
Miami, Florida 33199
STUDENT INFORMATION (Please print legibly or type.):

STUDENT NAME: ____________________________ ____________________________ ____________________________

Last First Middle

PANTHER ID: ________________________________

CURRENT ADDRESS:

Street ______________________________________ City, State Zip ______________________________________

PERMANENT ADDRESS:

Street ______________________________________ City, State Zip ______________________________________

PHONE #: ________________________________ EMAIL: ______________________________________

ETHNIC ORIGIN (Check one):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black (non-Hispanic) ☐ Hispanic ☐ Pacific Islander ☐ White ☐ Other

CITIZENSHIP STATUS (Check one):

☐ I am a U.S. citizen. ☐ I am a permanent resident.

☐ I am a non-U.S. citizen or non-permanent resident and possess the following category of visa.

Check whichever applies: ☐ B ☐ C ☐ D ☐ F ☐ J ☐ L ☐ M

SELECTIVE SERVICE REGISTRATION:

☐ I am registered with the Selective Service.

☐ I am not required to be registered with the Selective Service because:

☐ I am a female.

☐ I am in the armed services on active duty (Note: This exception does not apply to members of Reserve and National Guard units who are not on active duty).

☐ I have not reached my 18th birthday.

☐ I was born before 1960.

☐ I am a citizen of the Federated States of Micronesia, the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

REGISTRATION INFORMATION:

COMMUNITY COLLEGE ATTENDED: ______________________________________

DEGREE RECEIVED: ____________________________ DATE/EXPECTED DATE CONFERRED: _______

AWARD REQUESTED BASED ON: ☐ NEED ☐ MERIT ☐ BOTH CURRENT GPA: _______

IF NEED BASED, please list any additional funding you will receive for your studies including tuition waivers, grants, and/or scholarships for the application year.

SOURCE: ______________________________________________ AMOUNT $ ____________

IF MERIT BASED, please list your:____________________________________________

SCHOLARSHIP NAME: ____________________________ SOURCE: ____________________________

SCHOLARSHIP NAME: ____________________________ SOURCE: ____________________________

SCHOLARSHIP NAME: ____________________________ SOURCE: ____________________________

SCHOLARSHIP NAME: ____________________________ SOURCE: ____________________________
I certify that I have read and understood the conditions for participation in this program. The information I am supplying in this application is true, complete, and correct. By signing this form, I also grant permission for information pertaining to my financial need, and all supporting application materials, to be released by the appropriate university to the Florida Board of Education Office for Academic & Student Affairs. NOTICE: If you purposely give false information, you may be subject to fine, or imprisonment, or both under 837.06, F.S. I further understand that any portion of the application package that is incomplete will result in the disqualification of my application.

(Applicant Signature)  (Date)

If you have any questions regarding this program, contact the Office of Equal Opportunity and Diversity at eopd@fiu.edu or at (305) 348-2785. Submit your complete application packet on or before May 31, 2014 to the address below. Incomplete or faxed applications will not be considered.

Equal Opportunity Programs and Diversity
Florida International University
Modesto A, Maidique Campus
11200 SW 8th Street, PC-321
Miami, Florida 33199
STUDENT NAME: ___________________________________________ PANTHER ID: ______

PERSONAL STATEMENT
Please explain briefly your reasons for pursuing a degree in your field of study and your career objectives.
STUDENT NAME: ________________________________  PANTHER ID: ________

LETTER OF RECOMMENDATION:
In what capacity do you know this student? __________________________ How long? _______

Based on your knowledge of the applicant, please describe the applicant’s potential as a student.

- Potential for Graduate Study
- Ability to Work with Others
- Adaptability
- Emotional Stability
- Leadership Potential

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<th>Adaptability</th>
<th>Emotional Stability</th>
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Signed: ___________________________________________  Date: ____________________

Title: _______________________________________________

Institution or Firm: _______________________________________

Email Address: ___________________________________________