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 earned and A.A. or A.S. degree from an accredited Community College between Jan. - Aug. 2015;
3. 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
4. Have met the eligibility requirements for 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 June 12, 2015:

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.

**Current recipients** should only submit their completed application form and official final transcript.

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

1. Attend a yearly scholarship orientation and reception
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 June 12, 2015. Incomplete applications will not be considered.
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 $ ___________
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 June 12, 2015. Incomplete applications will not be considered.
STUDENT NAME: ________________________________ PANTHER ID: _____

PERSONAL STATEMENT
Please explain briefly your reasons for pursuing a degree in your field of study and your career objectives.
2015-2016 Minority Community College Transfer Scholarship Application

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.

PLEASE RANK THE APPLICANT IN THE FOLLOWING CATEGORIES.

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<th>ADAPTABLEITY</th>
<th>EMOTIONAL STABILITY</th>
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Signed: ____________________________  Date: ________________
Title: ______________________________
Institution or Firm: ____________________________
Email Address: ________________________________