



University of Miami Women's Guild, Broward County Chapter

SCHOLARSHIP APPLICATION FORM 2018-2019

The Broward Women's Guild was created to assist female graduates of Broward County High Schools currently enrolled and pursuing an undergraduate or graduate degree at the University of Miami. Applicants must be a U.S. Citizen or permanent resident with a valid Permanent Resident Card, have a cumulative 3.0 GPA and demonstrate financial need based on current University of Miami need analysis policies and practices upon receipt of a processed 2018-2019 Free Application for Federal Student Aid and the 2018-2019 College Board Profile. In addition, applicants must have completed at least one semester of graded work at the University of Miami.

Applicants must submit the following to the Office of Financial Assistance Services: 1) this application form, 2) a brief essay outlining her career objectives and educational background, how a scholarship will assist in her educational goals and other pertinent information she feels the Broward Women's Guild Scholarship committee should take into consideration, 3) a copy of her resume including academic recognition and honors received, volunteer experience, and organizations in which she holds or has held a leadership role, 4) a copy of her transcript if she is a freshman or a transfer student, 5) the signed statement below authorizing the Broward County Women's Guild Scholarship Committee access to her University of Miami GPA. **Applications must be received no later than March 20, 2018.** Notifications will be made on or before May 15, 2018. Any portion of the award unused for tuition by the end of the fall or spring semester shall be returned to the Broward Women's Guild Scholarship Fund. Applicants who receive 100% tuition remission funding from the University of Miami or any other full-tuition scholarship or benefit are not eligible to receive this award. All applicants, including award recipients, may re-apply in subsequent years. Only applications for the current year will be accepted.

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

E-MAIL ADDRESS: _____ UNIVERSITY ID NUMBER: _____

TERM FIRST ENROLLED: _____ NAME OF HIGH SCHOOL: _____

DEGREE _____ MAJOR: _____ MINOR: _____

ACADEMIC LEVEL: _____ MOST RECENT GPA: _____ EXPECTED GRADUATION: _____

RELEASE OF INFORMATION

In order to share information provided in your application, as well as GPA information with the Broward Women's Guild, please sign the statement below:

I, _____, give my permission to the Office of Student Financial Assistance & Employment to release the information I have provided in this application package as well as pertinent University of Miami academic information to members of the Women's Guild for the purpose of evaluation for possible scholarship assistance.

Student Applicant's Signature

Date

Submit applications and requested documents to:
Office of Student Financial Assistance & Employment
Attn: Christina Ward Courrau, Assistant Director

By mail:
P O Box 248187

Coral Gables, FL 33124-5240

In person:
University Center Suite 2275
1306 Stanford Drive
Coral Gables, FL 33146

Or by fax/email: (305) 284-4082
ofas@miami.edu