



SCHOLARSHIP APPLICATION FORM 2019-20

The Women's Guild was organized in 1964 for the purpose of fostering favorable relations between the community and the University of Miami. Guild programs are specifically designed to stimulate interest in, and inform members about the University of Miami, stressing the University's importance as the vital educational and cultural resource that it is for all of South Florida. In 1972, the Women's Guild Scholarship Fund was created **to assist women, age 20 or over, attending the University full-time (12 credits a semester or more) whose previous academic achievement has been above average.**

In addition to the criteria specified above, applicants must be currently accepted to or enrolled in a degree-seeking program at the University of Miami and have a cumulative GPA of 3.5 or above. Applicants must be residents of Broward, Miami-Dade, Monroe or Palm Beach County prior to attending the University of Miami. Applicants cannot be employees of the University of Miami, or spouses and/or dependents of University employees receiving any form of tuition waiver or remission. Applicants must submit the following to the Office of Financial Assistance Services: 1) this application form, 2) a brief essay explaining how she meets the stated requirements, 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) a statement authorizing the Miami-Dade County Women's Guild Scholarship Committee access to her University of Miami GPA. Applications must be received no later than **May 1st, 2019**. Notifications will be made on or before August 1st, 2019. Any portion of the award unused for tuition by the end of the fall or spring semester shall be returned to the UM Women's Guild Scholarship Fund. 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: _____
ORIGINAL ENROLLMENT DATE: _____ RETURN DATE: _____
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 University of Miami Women's Guild, please sign the statement below:

I, _____, give my permission to the Office of Financial Assistance Services 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	