



Student Scholarship Application Form

Office of Admissions

1507 S Hiawassee Rd, Suite 113-114, Orlando, FL 32835

Undergraduate

Graduate

Doctorate

Personal Information	
Full Name	
SSN or ID#	
E-mail	
Address	
City	
State	
Zip code	
Tel	
Scholarship you are applying for (Please choose one)	<input type="checkbox"/> The "AUL" Grant <input type="checkbox"/> The "Education" Grant <input type="checkbox"/> The "Women Empowerment" Grant <input type="checkbox"/> The "Presidents" Scholarship <input type="checkbox"/> National Scholarship Undergraduate/Graduate <input type="checkbox"/> Alumni Scholarship <input type="checkbox"/> The "Excellence" Scholarship
Minimum Evidence Paperwork	<ul style="list-style-type: none"> ▪ Student Official Transcripts ▪ Driver's license or passport ▪ Proof of residency ▪ W-2 forms (US citizens and residents) ▪ Other yearly records of money earned ▪ Records of child support (if applicable) ▪ Study or other need based work programs ▪ Records of student grant, scholarship and financial aids ▪ Current business records if any ▪ Current official bank statements (last 3 months) ▪ Other Documents you judge will be of favor.

Previous Curriculum Followed Include Name of School, location, program, and number of credits.	
Cumulative GPA obtained	

Family Information- For dependant students only

Father / Mother / or Guardian

Mother	
Address	
Email	
Occupation	
Salary	
Father	
Address	
Email	
Occupation	
Salary	

Employment

* A certificate of employment will be required

Employer Name:

Employer Address:

Contact Info for HR (email and Tel):

Salary:

Please list loans, scholarships, and other aid as follows: **type, source, amount anticipated, received?**

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Tell us about yourself

Please tell us why you would make a good candidate for this scholarship. What are your future plans, and how will this scholarship help you (use the space below and the back of this page, if needed)?

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Community Service/Extra-Curricular Activities

Please describe all community service and/or extra-curricular activities and dates.

Special

Please describe any special circumstances that would be helpful in the evaluation of your application. (Something about yourself, your interests, medical problems within the family, other family members in college etc.). If more space is needed, please use another sheet of paper.

Certification and Signature

I certify that the information in this scholarship application is true and correct to the best of my knowledge. I allow a waiver of release of any personal and academic information related to this application. I understand that this information may be kept confidential from me and the public, and I waive any rights of access that I may have by law.

Name and Signature	
Date	