

# UNIVERSITY OF MIAMI

## National Science Foundation / Florida-Georgia Alliance For Minority Participation SCHOLARSHIP PROGRAM Application Form

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Ethnicity: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give alien registration # \_\_\_\_\_

High School: \_\_\_\_\_

S.A.T. Score: \_\_\_\_\_ Weighted G.P.A.: \_\_\_\_\_ Unweighted G.P.A.: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ GPA Certification \_\_\_\_\_  
*High School Counselor Signature*

Parent's Name: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Please write a brief essay addressing the following questions:

1. What are your career goals?
2. Why are you interested in this program?

Each applicant needs to submit:

1. At least two letters of recommendation (one must be from a high school teacher or counselor).
2. A copy of your high school transcript.

**DEADLINE: POSTMARKED BY APRIL 15, 2006**

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*Please mail the completed application form & other required documents to:*

Academic Programs Coordinator  
Office of Undergraduate Research and Community Outreach  
(Cox Science Center, Room 122-A)  
University of Miami  
P.O. Box #249118  
Coral Gables, FL 33124-0421  
(305) 284-5058