Deeb Scholarship Application 2017-2018

Complete the following application and attach supporting documentation. Return completed applications to the office of Financial Aid at 4400A University Center Tallahassee, FL 32306 or Fax to (850)644-6404.

Student Information					
FSU ID (Required)		FSU Email (Required)			
Student Last Name (Required)		Student First Name (Required)			
Student Phone Number (Include Area Code)					
Student Addresses					
	ent Local Address Student Permanent Address				
Address (Required)		Address (F	Required)		
City (Required)		City (Requ	iired)		
State (Required)		State (Req	uired)		
Zip Code (Required)		Zip Code (Required)		
Additional Information					
College Level for 2017-2018 (Required)	FSU G.P.A. (Required)				
FSU Academic Major (Required)		High Scho (If Incomin Freshman)	ng		
Expected FSU Graduation Date (Required)		Please Circle: Are you currently receiving Financial Aid? (Required)		Yes or	No
Status Instructions					
Place an X in the box of your current status. Attach a copy of Parental Death Certificate or Adoption Decree to this application as documentation of your status.					
		Adopted			
Important Information					
On the lines below, please provide a statement regarding your financial need, academic or merit qualifications, family situation, etc., to assist the scholarship committee in reviewing your application. If necessary, use additional paper.					
I hereby authorize Florida State University to release my academic, financial aid, biographical information to the Deeb					
Scholarship Selection	Committee.				
Signature:				Date:	