

Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-3100

TELEPHONE: (850) 599-3730

FAX: (850) 561-2730

Division of Student Affairs Office of Financial Aid

MARY MCLEOD BETHUNE SCHOLARSHIP CHALLENGE GRANT APPLICATION Application Deadline: August 12

Section A: Applicant's Ident	ification Information	
FAMU Student ID		
Last Name	First Name	MI
Permanent Address	City	State Zip
Home Phone	E-mail Address	
I am applying for financial aid for the	20 20 academic year during	which I will be classified as a:
Freshman Soph	nomore Junior	Senior
Section B: Initial Applicant	Information (ONLY)	
1. I am a Florida resident. Y	YesNo(See eligibility crit	eria in program description)
2. High School GPA		
*	FSA application. Yes No (See cants without discriminating on the bas	eligibility criteria in program description) is of race, sex, national origin, marital
Section C: Renewal Applican	nt Information (ONLY)	
1. I am a Florida resident. Ye	es No (See eligibility crit	teria in program description)
2. Cumulative GPA	(must be at least 3.00, pr	obation GPA 2.75)
*	SA application. Yes No (See cants without discriminating on the bas	eligibility criteria in program description) is of race, sex, national origin, marital
IMPORTANT: DO NOT attac	ch any supplemental information,	such as transcripts or

COMPLETE APPLICATION AND MAIL TO:

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY
OFFICE OF FINANCIAL AID
101 FOOTE HILYER ADMINISTRATION CENTER
TALLAHASSEE, FLORIDA 32307

correspondence to this application.