



2020-2021

15800 NW 42nd Avenue
Miami Gardens, FL 33054
Ph: 305-626-3745 Fax: 305-623-4234
Email: financial.aid@fmuniv.edu
www.fmuniv.edu/FA

Institutional Financial Aid & Scholarship Application Data Form
(Required for **ALL** students – Please print clearly)

Full Name: _____ Date of birth: _____
Last First M.I.

FMU Student ID#: P _____ FMU Email: _____@fmuniv.edu
All financial aid communications will be sent to your FMU email address.

Phone Number(required): _____ Alt Phone: _____

Government Issued ID# (for international students) _____

Major/Area of Study (must be degree seeking and declared major) _____

Cumulative G.P.A. _____ Classification: _____ Number of hours earned: _____

Permanent Mailing Address (required for residential students-DO NOT use your campus mailing address):

Street Address _____ Apartment/Unit# _____

City _____ State _____ ZIP _____

Local Mailing Address:

Street Address _____ Apartment/Unit/Room# _____

City _____ State _____ ZIP _____

Member-The College Fund/UNCF

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