



## Spring 2010 ISACA South Florida Scholarship

### PURPOSE

To provide scholarships to individuals who are interested in and committed to the field of Information Systems and demonstrate eagerness to help promote the profession. Two scholarships, each worth \$1,000, will be awarded to students in the spring semester from the following Universities.

### UNIVERSITIES IN SCOPE

1. University of Miami
2. Nova Southeastern University
3. Florida Atlantic University
4. Florida International University
5. Barry University

### REQUIREMENTS FOR CONSIDERATION

1. The applicant must be a current junior, senior or graduate student from one of the above universities in scope and have maintained a cumulative G.P.A. of 3.5 or better.
2. Student must be a resident of Dade, Broward, Palm Beach or Monroe County.

### DEADLINE DATE

Applications must be received by **May 1st, 2010**. Send any questions or concerns to [academicrelations@isacasfl.org](mailto:academicrelations@isacasfl.org) with "ISACA SFL Scholarship" in the subject line.

Please mail application packet to:

ISACA SOUTH FLORIDA CHAPTER INC  
P.O. BOX 565248  
Miami, FL. 33256

### APPLICATION PACKET

1. Resume or list of current and previous employers including dates.
2. Copy of the student's official transcript in order to verify enrollment. The registrar's office should be able to provide this inform.
3. One letter of recommendation from a current university professor in the field of specialization within the students major.
4. Application form part A – Question and Answer.
5. Application form part B signed by the student applicant.



Part B – Fill in Form

**GENERAL INFORMATION**

NAME (Last, First, MI)			
Street Address		State	
City		Zip	
Email Address		Phone	

**EDUCATION**

School	School Name	State	Major (& Minor) Course of Study	Degree earned? Y/N	Degree	Date
College #1						
College #2						
Graduate School						

Anticipated Date of Graduation	
Cumulative GPA	

**APPLICANT CERTIFICATION:**

I certify that all the information entered on this application is true and complete to the best of my knowledge. I understand that this information will be reviewed only by the members of ISACA South Florida Scholarship Committee to determine whom the award will go to and not distributed to any third party.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_