

Alumni Endorser's Name _____
Last Name *First Name* *Middle Initial*

If different, name on your diploma _____

Mailing Address _____

City, Country, Postal Code _____

Home Phone _____ E-mail Address _____ Graduation Year(s) _____

Prospective Student's Name _____

Prospective Student's High School _____ High School City/Country _____

How Do You Know This Student? Son Daughter Stepson Stepdaughter Relative Friend Other _____

Attach this completed form to your application for admission.

A student may receive only one Alumni Endorsement Grant.

Alumni Endorsement Grant forms must be received before January 15 at the following address:

Florida Institute of Technology ■ Office of Undergraduate Admission

150 West University Boulevard, Melbourne, FL 32901-6975 ■ (321) 674-8030 ■ Fax (321) 674-8004
www.fit.edu ■ admission@fit.edu