

AFC Scholarship Application

Section I. Instructions

1. Applicants must complete ALL SECTIONS of this application. Applications received with information omitted will not be considered for any scholarship award. If the information requested does not apply to you, write NA or Not Applicable.

2. A biographical statement that describes your educational career and academic goals along with and any special circumstances that apply to your application must be attached.

3. All required forms, biographical statement, and additional materials must be returned with this form to:

South Florida State College, AFC President-Elect, 600 West College Drive, Avon Park, FL 33825

Section II. Student/Applicant Information

1. Name

(Last, First, MI)

2. Is this scholarship application for a(n) (check one): _____AFC Member _____ Dependent

3. For which scholarship are you applying? (Only one scholarship will be granted.)

_____AFC Chapter Scholarship (\$150) _____AFC Foundation Scholarship (\$500)

4. Phone (____) _____

5. E-mail Address _____

6. Address _____

(Street, City, State, Zip)

7. Scholarship is requested for: Year: _____ AND _____Fall Term _____Spring Term
_____Summer Term

8. If dependent of AFC member, will you be enrolled at least half time? _____Yes _____No
(6 credit hours or 240 clock hours per academic term)

9. Program or Career Interest

10. Provide the name of the institution from which you are seeking a degree.

11. If an SFSC Student, what is your Student ID? _____

12. List additional scholarships/financial resources for which you have applied or plan to apply:

13. List the scholarships/financial aid you are currently receiving:

HAVE YOU

- _____ Completed all sections of this application?
- _____ Attached a biographical statement?
- _____ Attached proof of enrollment for this term?
- _____ Attached proof of GPA from your institution (unofficial transcript)?
- _____ Indicated the AFC scholarship for which you are applying?
- _____ Attached the Membership Status Questionnaire from AFC member?
- _____ Signed and dated this application below?

AFC Member Name (Please Print) _____

AFC Member's Signature

(Applicant's Signature / Date)

AFC OFFICE USE ONLY

_____ Application Complete and Signed
_____ Membership Questionnaire Complete and Signed
_____ Biographical Statement Attached
_____ Proof of Enrollment Attached
_____ Proof of GPA Attached
GPA _____ HRS Enrolled _____ Credits Earned _____ EFC _____ Unmet need _____
Program _____ Family Size _____ Number in College _____