



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 N/A or Not Applicable.
2. Include a biographical statement that describes your career and academic goals. Any special circumstances that apply to your application must be attached.
3. All required forms, the biographical statement, and additional materials must be returned with this form to:

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

Section II. Student/Applicant Information

1. Name

Last First MI

2. Is this scholarship application for (check one): AFC Member Dependent

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

- AFC Chapter Scholarship (\$300)
 AFC SFSC Foundation Scholarship (\$750)

4. Contact Information:

Phone _____ Email Address _____

Home Address _____

5. Scholarship is requested for term and year (fall, spring, or summer): _____

6. 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)

7. Program or Career Interest

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

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

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

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

Applicant checklist to review before submission:

- ___ 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 _____

Date _____

AFC Scholarship Committee (OFFICE USE ONLY)

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