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 (open to Core and Premium Level members)
   ____AFC SFSC Foundation Scholarship $750 (open to ONLY Premium Level members)

4. Contact Information:

Phone _____ Email Address _____

Home Address_____

5. Scholarship is requested for term and year (fall, spring, or summer): _____
6. 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 you Why 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
_____Premium member _____Core member

GPA_____ Hours Enrolled _____ Credits Earned_____ EFC_____
Unmet need_____ Program_____
Family Size_____ Number in College _____