



VOCATIONAL SCHOLARSHIP APPLICATION

Student's Name: _____ Student's SFSC ID Number: _____

Vocational/Supplemental Program: _____ Term: (circle one) Fall Spring Summer

GENERAL ELIGIBILITY INFORMATION

The Vocational Scholarship is a need-based program designed to assist students enrolling in Post-secondary Adult Vocational (PSAV) and Supplemental Programs (or courses). In general, these are "non-credit workforce development courses" as defined by Florida statute.

Students must have *financial need* as determined by the Free Application for Federal Student Aid (FAFSA); therefore, students must complete the FAFSA and meet the same requirements to receive federal financial aid (except for the occupational programs that do not qualify for federal aid).

Students receiving payment of tuition and fees from other programs are usually not eligible for the Vocational Scholarship.

Students receiving the Federal Pell Grant and/or other assistance *may* be eligible, depending on the amount and type of assistance or the individual circumstances of the student.

Students receiving support from sources outside of the Financial Aid Office (e.g., WTS—Job Training, Vocational Rehabilitation, TEACH, etc.) may not be eligible.

The Financial Aid Office determines eligibility based on the FAFSA information, taking into consideration the amount(s) and type(s) of aid other than the Pell Grant. Contact the Financial Aid Office during the regular registration process each semester to request this assistance.

STUDENT INSTRUCTIONS: From the list below, indicate all financial aid or other financial resources for which you have applied or plan to apply. Return this form to the Financial Aid Office.

- _____ The Free Application for Federal Student Aid (FAFSA).
- _____ TEACH
- _____ WTS (Job Training). This is also sometimes referred to as WIA/WAGES.
- _____ Federal and/or State Vocational Rehabilitation
- _____ Other Public or Private Source(s)—please list: _____

Student's Statement: I am requesting the Vocational Scholarship assistance for the Term indicated above. The information I have provided on this form is true and correct to the best of my knowledge.

Student's Signature: _____ Date: _____

You must be registered for the term you are seeking assistance and you must attach a copy of your Schedule/Bill

*****DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY*****

BUDGET: _____ - EFC _____ = NEED Before Aid of \$ _____

Following are the known financial resources and amounts for the student as of the date below:

<u>RESOURCES</u>	<u>AMOUNTS</u>	<u>SAT PROGRESS INFO</u>
Pell Grant	_____	___ OK/ELIGIBLE
Other Federal/State Aid	_____	___ FA SUSP (NOT ELIG)

<u>OTHER RESOURCES</u>	<u>AMOUNTS (use estimates if exact amount unknown)</u>
WTS	_____
TEACH	_____
Voc Rehab	_____
Other: _____	_____

UNMET NEED (after aid/resources): \$ _____

_____ Vocational Scholarship **Approved**

Amount requested: \$ _____

_____ Vocational Scholarship **Denied**

Date Approved / Denied by Scholarship Committee: _____

DISTRIBUTION: Original to Cashier, copy to FAO

Please submit all documents to:
South Florida State College
Financial Aid Office, Bldg. B
600 W. College Drive
Avon Park, FL 33825

Revised: 3/3/17, JAD