



South Florida State College

Farmworker Career Development Program

600 West College Drive, Avon Park, FL 33825

Phone: 863.784.7031

Application for Assistance

The Farmworker Career Development Program can assist participants with various types of services and assistance. Complete top portion of this application, then to your case manager to apply. Your case manager will review your application and let you know which items are needed to determine eligibility.

Note: When applying for Tuition and/or Textbook assistance be mindful of deadlines for submission.

ASSISTANCE REQUESTED

- | | |
|--------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Registration Fees/Graduation Fees |
| <input type="checkbox"/> Textbooks/Workbooks | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Supplies/Uniforms/Tools | <input type="checkbox"/> Fingerprinting/Background Check |
| <input type="checkbox"/> Exam Fees | <input type="checkbox"/> Medical/Vision/Dental |
| <input type="checkbox"/> Other (describe): | |

PARTICIPANT INFORMATION

Participant Name:	Case Manager:
IEP Career Goal:	EF State ID or Last 4 of SSN:
Amount Requested: \$	

STATEMENT OF NEED

CASE MANAGER ONLY

Date Application Received:	Date Documents Requested:
Documents requested from participant:	
<input type="checkbox"/> Student Schedule/Bill	<input type="checkbox"/> Account Detail for Term (Panther Central)
<input type="checkbox"/> Proof of FAFSA Application	<input type="checkbox"/> Degree Audit/Required Course List
<input type="checkbox"/> Proof of Scholarship Application	<input type="checkbox"/> Documentation of Requirement for Supplies/Services
<input type="checkbox"/> Grades for Previous Courses Taken	<input type="checkbox"/> Proof of Referral Follow-Up
<input type="checkbox"/> Reciepts / Price Quotes	<input type="checkbox"/> Other (describe):

I have received thorough instructions from my case manager on how to apply for assistance using this application. I understand that I need to return the documents indicated above to my case manager by _____ in order to complete my application for assistance.

X _____ sign here _____
Participant's Signature Date

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VERIFICATION WORKSHEET



PARTICIPANT INFORMATION

Participant Name:	Date Application Received:	Date Documents Requested:	Date Documents Received:	DACA? Y / N
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Description With Account Numbers:	Documentation Required:	Amount Requested:
Grant Aid (64700)- Tuition fees: To cover tuition not paid by other sources such as Pell and scholarships. (Also includes: graduation fees, college application fees)	<input type="checkbox"/> Minimum of 2.0 GPA <input type="checkbox"/> Courses are required for program/degree completion and necessary to reach career goal documented on IEP <input type="checkbox"/> Applied for PELL and institutional scholarships <input type="checkbox"/> Followed through with referral to other service providers <input type="checkbox"/> Submits timesheets regularly <input type="checkbox"/> All loaned materials returned <input type="checkbox"/> \$ _____ funding is available from Pell/Scholarships to cover tuition	\$ _____ Amount Requested from FCDP (after all other funding sources have been applied)
Textbooks and Workbooks (64702): Textbooks and Workbooks- For the purchase of textbooks, workbooks, and study guides to be used by participants for training.	<input type="checkbox"/> Minimum of 2.0 GPA <input type="checkbox"/> Courses are required for program/degree and IEP goal completion <input type="checkbox"/> Textbooks are required for course <input type="checkbox"/> Applied for PELL and institutional scholarships <input type="checkbox"/> Followed through with referral to other service providers <input type="checkbox"/> Submits timesheets regularly <input type="checkbox"/> All loaned materials returned <input type="checkbox"/> Quotes submitted (if applicable) <input type="checkbox"/> \$ _____ funding is available after tuition to cover textbooks	\$ _____ Amount Requested from FCDP (after all other funding sources have been applied)
Professional Fees (65000): Healthcare expenses- To cover expenses incurred by participants for physicals, vaccinations, exams, or other healthcare related charges necessary for participants to enter, continue, or complete training or employment. (Also includes Car Repairs)	<input type="checkbox"/> Services are necessary to enter, continue or complete training or employment <input type="checkbox"/> Services are being received from a low cost provider <input type="checkbox"/> Quotes submitted (if applicable)	\$ _____ Amount Requested from FCDP (from lowest quote)
Grant Participant Cost (64606)- Need Related: Supplies for participants' career-related training supplies required for program completion or job placement. (Tires, Car Parts, Tools, Uniforms)	<input type="checkbox"/> Items are required for program completion or job placement <input type="checkbox"/> Items are not included as lab fees and covered through FAFSA <input type="checkbox"/> Quotes submitted (if applicable)	\$ _____ Amount Requested from FCDP (from lowest quote)
Other Services (64500) – Transportation: To cover expenses incurred by participants for transportation necessary for participants to enter, continue, or complete training or employment. (UBER, Lyft or taxi fees)	<input type="checkbox"/> Transportation necessary for to enter, continue, or complete training or employment. <input type="checkbox"/> Emergency use only, not to be used for continuous need	\$ _____ Amount Requested from FCDP (from lowest quote)

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Amt Awarded: \$ _____	<input type="checkbox"/> Loaned	<input type="checkbox"/> Participant Notified	<input type="checkbox"/> Voucher	<input type="checkbox"/> P-Card	<input type="checkbox"/> RFF	<input type="checkbox"/> 327	<input type="checkbox"/> CN
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