SFSC Financial Aid Office

2026-2027 VOCATIONAL SCHOLARSHIP APPLICATION

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

Program: _____Term: (Select 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. 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.

STUDENT INSTRUCTIONS:

- You must have a current FAFSA on file
- You must be registered for the term seeking assistance
- Indicate all financial aid or other financial resources for which you have applied or plan to apply

☐ Free Application for Federal Student Aid (FAFSA)
☐ WTS (Job Training). *Also referred to as WIA/WAGES*
☐ Federal and/or State Vocational Rehabilitation
☐ Other Public or Private Source(s)—please list: _____

Students' 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:** _____

*******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:

RESOURCES	AMOUNTS	SAP PROGRESS: GOOD STANDING
Pell Grant	_____	___ YES
Other Federal/State Aid	_____	___ NO

OTHER RESOURCES	AMOUNTS (use estimates if exact amount unknown)
WTS	_____
Voc Rehab	_____
Other: _____	_____

UNMET NEED (after aid/resources) $_____

_____**Approved**
_____ **Denied**

Amount Requested $_____

Please submit all documents to:

E-mail: financialaid@southflorida.edu

Revised 01/23/2026 VAR