

FLORIDA SOUTHERN COLLEGE

Application for Financial Assistance/FRAG for Evening Degree Program
 111 Lake Hollingsworth Drive, Lakeland, Florida 33801-5698
 PHONE: 863-680-3963 Title IV Code: 001488 FAX: 863-680-4567

Please complete and return to the above address or fax

Name: _____ SSN: _____ Student ID: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Day Phone #: _____ Cell Phone #: _____ Date of Birth: _____

In order to process your financial aid, we need to know your anticipated enrollment plans for the year.

		FALL			SPRING			SUMMER
1A	Credit hours		2A	Credit hours		3A	Credit hours	
1B	Credit hours		2B	Credit hours		3B	Credit hours	
Federal Aid that you are interested in.		PELL Grant Yes / No			Federal Stafford Loans Yes / No			
*****If you are applying for PELL or Loans , you need to complete the FAFSA (Free application for Federal Student Aid) on the web at www.fafsa.ed.gov .								
Do you have a bachelor's degree?				Yes / No		If yes, you do not qualify for grants or state aid		
Are you degree seeking?				Yes / No		Must be degree seeking to receive aid		
What is your major?								
What is your anticipated start date?								
What is your anticipated grad date?								
What is your anticipated grade level?				Freshman 0-29		Sophomore 30-59		
				Junior 60-90		Senior 90+		

FLORIDA RESIDENT ACCESS GRANT (FRAG) Attach a Photocopy of Documentation:

To be eligible for this grant, dependent students must have at least one parent who has been a resident of the State of Florida for 12 consecutive months before the first day of classes of the term for which you are applying. Independent students must have been a resident of Florida for 12 consecutive months. You must be enrolled full-time (12 hours or more) in a first bachelor's degree program. There are exceptions to the residency requirement for the active military personnel and their dependents, and persons or dependents of persons employed by Florida state public schools, and state supported institutions of higher education. If you are applying for FRAG, please check the appropriate box below.

- I am a Dependent child of a parent or legal guardian whose initial date of residency in Florida is: _____
Provide one of the following: copy of parent's driver license, voter registration, vehicle registration, or proof of homestead exemption. Contact Financial Aid Office for other acceptable documentation. Month/Day/Year
- I am Independent (24 or older), and my initial date of residency in Florida is: _____
Provide one of the following: copy of student's driver license, voter registration, vehicle registration or proof of homestead exemption. Contact Financial Aid Office for other acceptable documentation. Month/Day/Year
- I am an active duty military person (or dependent) now stationed in Florida or with Florida designated as my "Home of Record"
- I am a full-time employee (or dependent) of a Florida state public school or state supported institution of higher education

CERTIFICATIONS

I AUTHORIZE FLORIDA SOUTHERN COLLEGE TO PROVIDE ACADEMIC AND DEMOGRAPHIC INFORMATION TO ANY POTENTIAL SCHOLARSHIP PROVIDER OR PROGRAM FOR WHICH I MIGHT BE ELIGIBLE.

 (Student Signature)

 (Date)

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WARNING: If you purposely give false or misleading information, you may be subject to a fine of up to \$10,000, imprisonment for up to five years, or both.