FLORIDA SOUTHERN COLLEGE

APPLICATION for FINANCIAL ASSISTANCE

111 Lake Hollingsworth Drive ♦ Lakeland, Florida 33801-5698

(800) 205-1600 or (863) 680-4140

http://www.flsouthern.edu/finaid/

Please complete and return to the above address

PERSONAL INFORMATION (Please Print)

Name (Last, First, Middle)	Social Security Number	Cell Phone Number	E-mail Address
Father's Name	**Daytime Phone Number**	**Mother's Name**	**Daytime Phone Number**

Where will you live while enrolled at FSC?

☐ On Campus ☐ Off Campus (not with parents)

☐ At Home with Parents ☐ At home with Spouse/Children

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 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: _____ Month/Day/Year

Provide one of the following: copy of parent's driver's license, voter registration, vehicle registration, or proof of homestead exemption. Contact Financial Aid Office for other acceptable documentation.

☐ I am Independent (24 or older), and my initial date of residency in Florida is: _____ Month/Day/Year

Provide one of the following: copy of student's driver's license, voter registration, vehicle registration, or proof of homestead exemption. Contact Financial Aid Office for other acceptable documentation.

☐ 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 state public school or state supported institution of higher education

MINISTER'S CHILD AWARD

To be eligible for this award, you must be a dependent, unmarried child of an active minister.

☐ I am a dependent, unmarried child of an active minister in the Florida Conference of the United Methodist Church

☐ I am a dependent, unmarried child of an active minister in the _____ Conference of the United Methodist Church

Church Name and Address

FAMILY GRANT

To be eligible for this grant, two or more siblings must be attending FSC on a full-time basis at the same time. Each sibling must be unmarried and dependent on his/her parents. List the names of each sibling enrolled at FSC:

1. 2.

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)

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.