

FLORIDA SOUTHERN COLLEGE

Teacher Workshop Application

111 Lake Hollingsworth Drive

Lakeland, Florida 33801-5698

PHONE: 863-680-3963

Title IV Code: 001488

FAX: 863-680-4567

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 ENROLLMENT PLANS FOR THE SUMMER WORKSHOPS. PLEASE INDICATE HOW MANY WORKSHOPS YOU ARE PLANNING TO TAKE IN EACH SESSION.

SESSION I	SESSION II	SESSION III

1. Which academic award year are you applying? _____

2. Are you interested in applying for a Stafford Loan? _____ Yes _____ No

If yes, you should complete the Free Application for Federal Student Aid (FAFSA) on the web at www.FAFSA.ed.gov.

NOTE***Federal regulations require student's to attend at least 6 credit hours to receive a loan.

I AUTHORIZE FLORIDA SOUTHERN COLLEGE to PROVIDE ACADEMIC and DEMOGRAPHIC INFORMATION TO PROGRAMS/SCHOLARSHIPS for WHICH I MIGHT BE ELIGIBLE.

SIGNATURE: _____ **DATE:** _____

PLEASE NOTE THAT YOU ARE CERTIFYING TO ALL STATEMENTS

WARNING: If you purposely give false or misleading information, you may be subject to a fine of up to \$20,000, sent to prison, or both.

Rev 05/15/08