



## Application for Request of Financial Need Review

**DUE DATE – JANUARY 16, 2015**

Through the generous contributions of Polk State Foundation donors, some scholarship relief will be available for those who are eligible in the Global Initiatives Education Abroad program.

To assist us in determining eligibility, we will use Federal Financial Need Guidelines. As shown below, your need will be determined by the difference in the Cost of Attendance (CoA) at Polk State College and your Expected Family Contribution (EFC) found on your recent FAFSA.

In order to be eligible for an award, you must meet all of the requirements below:

1. Demonstration of academic standing (GPA of 2.0 minimum).
2. Enroll and complete (1) of the courses attached to the study abroad program.
3. Proof of exemplary discipline record (May be retrieved by the Office of the Dean of Academic Affairs).
4. Demonstrate financial need.

Provide a copy of your Student Aid Report (SAR)

Access via <https://fafsa.ed.gov/FAFSA/app/fafsa>

5. Complete the form as outlined in page 2.
6. If applicable, a letter to the Committee describing your motivations and/or objectives in being benefited from studying abroad.

### PLEASE NOTE:

- AWARD AMOUNTS RANGE UP TO 10% OF PROGRAM PRICE
- SCHOLARSHIP AWARD AMOUNTS WILL BE DEDUCTED FROM THE FINAL BALANCE DUE ON THE TRIP.



**Application for Request of Financial Need Review**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

**Select One:**

- I consent to be considered for an award to aid in the costs and fees associated with an Education Abroad trip in the 2014-15 academic year. I understand that by requesting, I must satisfy the prerequisites for eligibility and that by being considered for an award does not guarantee financial assistance.

<b>Financial Need Equation</b>		<b>Amounts</b>
<b>A</b>	Polk State College Annual Cost of Attendance	
	- In State Florida Residents	\$13,705**
	- Outside of State (Non-Florida) Residents	\$21,155**
<b>B</b>	Free Application for Federal Student Aid (FAFSA)	
	- <b>Enter your</b> Estimated Family Contribution (EFC)	\$ _____
<b>C</b>	Your Financial Need (Calculate A – B = C)	\$ _____

\*\*Cost of Attendance above are from 2013-14 Academic Year

- I do not consent to provide information and therefore, I acknowledge a forfeit of consideration to an award. I understand that by selecting this option, I am to satisfy my balances by other sources (e.g. other scholarships, out of pocket payments).

Student Signature: \_\_\_\_\_

**\*\* Forward completed form and information to: Kim Simpson – Office LLC 2298\*\***