



Application for Request of Financial Need Review

Through the generous contributions of a Polk State Foundation donor, (6) scholarships will be available to students who participate in the study abroad Marseille and Paris, France on May 6- 17, 2019.

To assist us in determining financial need, 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:

- **Minimum 2.0 GPA**
- **Submit an essay**
- **Demonstrate Financial Need – Provide a copy of SAR(Student Aid Report from Financial Aid)**
- **Take FRE2930 or HUM2930 during summer term A**
- **Volunteer as a Global Ambassador, or sign-up for the Global Studies Program**

Provide a copy of your Student Aid Report (SAR)

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

1. Complete the form as outlined in page 2.
2. 200 word essay

PLEASE NOTE:

- 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 to the Marseille and Paris, France on May 6-17, 2019. 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.

Financial Need Equation		Amounts
A	Polk State College Annual Cost of Attendance	
	- In State Florida Residents	\$16,642**
	- Outside of State (Non-Florida) Residents	\$24,941**
B	Free Application for Federal Student Aid (FAFSA)	
	- Enter your Estimated Family Contribution (EFC)	\$ _____
C	Your Financial Need (Calculate A – B = C)	\$ _____

**Cost of Attendance above are from 2018-19 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 LTB1267****