



Application for Request of Financial Need Review

Through the generous contributions of Polk State Foundation donors and the French Ministry of Foreign Affairs and International Development, (9) scholarships will be available to students who participate in the study abroad Science Program to the Guadeloupe, November 16 – 25, 2017.

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:

1. Demonstration of academic standing (GPA of 2.0 minimum).
2. Enroll and complete (1) of the courses attached to the study abroad program.
The course must count towards your program of study.
3. Exemplary discipline record
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. 300 – 500 word essay

PLEASE NOTE:

- AWARD AMOUNTS RANGE FROM \$500 - \$1400.
- 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 Guadeloupe, November 16 – 25, 2017. 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 2017-18 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****