



Please complete all sections of the application form.

1. **Name**
Last First M.I.
- Student ID:**
- Permanent mailing address**
- City State Zip Phone
- Email** **Birth date**
Month Day Year
2. **Gender**¹ Male Female Other
3. **Marital Status**¹ Married Not Married Divorced
4. **Ethnicity**¹ White Black or African American Native American
Asian Latino Other
5. **Nationality** US Citizen US Permanent Resident Others
6. If this is your first year of college, what was your cumulative high school GPA:

High School Name City State
7. College GPA through January 2020: Undergraduate GPA
8. I am a full time (12 or more credits) / part time (less than 12 credits) at Polk State College.
9. Are you currently working 20 hours or more per week? Yes/No
Do you plan on working 20 hours or more per week during the 2020-2021 school year? Yes/No
10. What Major Field of Study are you interested in?
11. Are you interested in transferring into a bachelor's degree program?
12. Would you be interested in transferring to USF? Yes No
13. To which University/College would you like to transfer?
14. What is the highest level of Education you aspire to achieve? Bachelors Masters Doctorate

Please list any present or previous (specify years) extracurricular activities and community service

¹For statistical purposes only

In addition to your application above, please email the following documents to Marc Saint Fort at msaintfort@polk.edu

- High school transcript
- College transcript(s) if applicable
- FAFSA Confirmation Page. All students must have a FAFSA application on file to be considered.
- Letters of Recommendation: Please provide two letters of recommendation. One must come from a school official and/or education professional; the other may come from an educator, employer, or community leader who knows you well.

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

Signature

Date

Applicant's Name

Polk State College is committed to equal access/equal opportunity in its programs, activities, and employment. For additional information, visit polk.edu/equity.