



Industrial & Culinary Careers Program

Prospective Student,

FCTC is accepting applications for the Industrial or Culinary Programs. Classes will meet in St. Johns County at the St. Augustine main campus.

Course Length

Automotive Services Technology	Total: 1800 hours / 56 weeks
Diesel Systems Technician	Total: 1800 hours / 56 weeks
Heating, Ventilation, Air-Conditioning/Refrigeration	Total: 1350 hours / 42 weeks
Landscape and Turf Management	Total: 900 hours / 28 weeks
Nursery Management	Total: 900 hours / 28 weeks
Professional Culinary Arts & Hospitality	Total: 1200 hours / 37 weeks
Welding Technologies	Total: 1800 hours / 55 weeks

Please complete the Application Checklist:

- Apply for **Federal Student Aid** Go to www.fafsa.ed.gov FCTC School Code is 012544. For more information click [Financial Aid](#)
- Go to your program on FCTC.edu and click **Create My FCTC Account** to start your pre-registration.
- Complete your [Florida Residency Affidavit](#)
- Provide official sealed [Transcripts](#)
- Take the [Wonderlic, Test of Adult Basic Education \(TABE Test\)](#) or apply for Basic Skills Exemption
- Complete this Application**, submit and pay at Registration



Program Fees

Refer to FCTC.edu, go to the program of your choice and click on **Program Costs** for a complete fee schedule.

Program Requirements

Age All students must be 16 years of age and not enrolled in high school prior to entering the programs.

Testing Requirements Wonderlic or TABE Assessment

Contact Registration to pay for your assessment or exemption. See required scores below. The TABE requirements are new as of July 1, 2018. Then contact [Test Center](#) to schedule at fctctesting@stjohns.k12.fl.us or (904) 547-3390.

	Required TABE Scores			Wonderlic	
	Reading	Math	Language	Verbal	Quantitative
Automotive	576	627	584	9	10
Diesel	576	596	584	9	9
Heating, Ventilation, Air-Conditioning/Refrigeration	576	627	584	9	10
Landscape & Turf Management	576	596	584	9	9
Nursery Management	576	596	584	9	9
Professional Culinary Arts & Hospitality	576	596	584	9	9
Welding	576	596	584	9	9

Auxiliary Aid

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact your Student Advisor in Building A or fctcstudentservices@stjohns.k12.fl.us



FCTC USE ONLY:
FOCUS ID _____
DATE _____
Initials _____

Industrial and Culinary Career Application

Check the program for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Automotive Services Technology | <input type="checkbox"/> Landscape and Turf Management |
| <input type="checkbox"/> Diesel Systems Technician | <input type="checkbox"/> Nursery Management |
| <input type="checkbox"/> Heating, Ventilation, Air-Conditioning/Refrigeration | <input type="checkbox"/> Professional Culinary Arts & Hospitality |
| | <input type="checkbox"/> Welding Technology |

Name _____
Last First Full Middle Maiden/Other Names

Social Security # _____ Date of Birth _____ Place of Birth _____

Address _____ Street _____
Apt/Unit Number City

County _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

Emergency contact _____ Phone Number _____

Check Highest Grade Completed: 8 9 10 11 12 GED College 1 2 3 4 yrs. Graduate

Prior Career and Technical Education (CTE) Training Yes No

If yes, please provide name of school, city and state

Type of Program _____ Dates of Attendance _____

Reason for Leaving Program _____



List courses taken since high school

Three horizontal lines for listing courses taken since high school.

Have you ever been convicted of a crime, found guilty or entered a plea of no-contest to a crime other than a traffic violation? Yes No If yes, please explain:

Two horizontal lines for explaining any criminal convictions.

The following information is not used in the eligibility process.

- Applicant's Gender Female Male
- Race White, Not Hispanic Black, Not Hispanic Asian/Pacific Islander Hispanic
 American Indian/Alaskan Native Multi-Racial Other _____
- Are you a United States citizen? Yes No
- Is English your second language? Yes No

I have been provided the consumer information notice at <http://fctc.edu/consumer/gainful-employment/> and campus security report on the FCTC website at <http://fctc.edu/about/safety/>. FCTC will also provide a paper copy of the campus security report upon student request. FCTC Student Handbook is located <http://fctc.edu/students/handbook/>.

The FCTC Student Handbook is located at <http://fctc.edu/students/handbook/>. I have read the FCTC student handbook and I agree to accept responsibility and will comply with all policies outlined in the FCTC student handbook.

I verify that all information contained in this application is true and correct. I authorize First Coast Technical College to contact former employers and educational institutions listed in this application, and further authorize these employers and educational institutions to release information to officials of First Coast Technical College concerning my performance and progress while under their employ or enrolled in their program(s).

Print Applicant Name

Signature of Applicant

Date



Florida Residency Affidavit for Tuition Purposes

THIS SECTION MUST BE COMPLETED IN FULL IF YOU ARE CLAIMING FLORIDA RESIDENCY FOR TUITION PURPOSES PURSUANT F.S. 1009.21
 Students who have been established as exempt from paying tuition fees or use Florida Prepaid are exempt from the residency requirement.

Name of Student _____ Last 4 of SS# _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Email _____ DOB ____/____/____
 Claimant Name _____ Relationship to Student _____
 (Claimant is the person who is claiming Florida residency, e.g., the student, parent, spouse, or legal guardian)
 Permanent Legal Address of Claimant _____
 Date Claimant Began Establishing Residency in Florida ____/____/____

Students must provide TWO qualifying forms of documentation proving at least 12 consecutive months residency prior to enrollment. Please select TWO
 qualifying forms of documentation from Tier 1 or ONE from Tier 1 & ONE from Tier 2.

Please indicate which required Florida residency supporting documents you are providing:

<p>TIER 1: MUST have at least one from this tier</p> <ul style="list-style-type: none"> <input type="checkbox"/> Florida driver license or State of Florida IDcard <input type="checkbox"/> Florida voter registration <input type="checkbox"/> Florida vehicle registration <input type="checkbox"/> Proof of permanent home in Florida which occupied as primary residence by student of parent/legal guardian (if student is dependent) <input type="checkbox"/> Proof of homestead exemption in Florida <input type="checkbox"/> Transcripts from a Florida high school for multiple years, if the Florida high school diploma or GED was earned within the last 12 months <input type="checkbox"/> Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period <input type="checkbox"/> Proof of active duty residing or stationed in Florida 	<p>TIER 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Declaration of domicile in Florida <input type="checkbox"/> Document evidencing family ties in Florida <input type="checkbox"/> Florida professional or occupational license <input type="checkbox"/> Florida incorporation <input type="checkbox"/> Proof of membership in a Florida-based charitable or professional organization <input type="checkbox"/> Any other documentation that supports the student's request for resident status (Examples: utilities bills for 12 months, lease agreement for 12 months)
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Claimant's Driver License
 State _____ Number _____ Issue Date ____/____/____

Claimant's Voter Registration
 State _____ County _____ Number _____ Original Issue Date ____/____/____

Claimant's Vehicle Registration
 State _____ Number _____ Original Issue Date ____/____/____

Non U.S. Citizen Only
 Resident Alien Number _____ Issue Date ____/____/____

I do hereby swear and affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to F.S. 837.06.

Signature of Claimant _____ **Date** _____

OFFICE USE ONLY – please ensure copies of residency documents and independent proof if required are attached

Reviewed by: _____ Date: _____ Approved: YES NO

Florida Residency Definitions

A Florida “resident for tuition purposes” is an independent person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve (12) months. Residency in Florida must be for the purpose of establishing a permanent legal residence and not merely to just attend school at an institution of higher education. To qualify as Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Other persons not meeting the twelve (12) month legal residence requirement may be classified as Florida residents for tuition purposes only, if they fall within one of the limited special categories authorized by the Florida Legislature and Florida Board of Education for exemption. All other persons are ineligible for classification as a “Florida Resident for Tuition Purposes.”

Documents supporting the establishment of legal residence in Florida must be dated, issued, or filed 12 months prior to the first day of classes of the term for which an in-state classification is sought.

Who may be eligible to establish Florida residency for tuition purposes?

- U.S. citizens, permanent resident aliens, and certain Visa categories
- Independent persons (not claimed by anyone other than themselves for Federal Income Tax purposes), who have resided, and been employed in a permanent, full-time position, in Florida for the last 12 months or more.
 - **Independent:** 24 years of age or older; married (must provide marriage certificate if student is under 24); has children who receive more than half of their support from the student; has other dependents who live with and receive more than half their support; is a veteran of the U.S. Armed Forces or is currently serving on active duty (provide DD214); both of the student’s parents are deceased (provide death certificates); student was (until age 18) a ward of the court.
 - **Dependent:** All students who do not meet the definition of an independent student shall be classified as dependent.
- Either parent or legal guardian of a dependent child. Federal Income Tax documents will be required to prove dependency. The term “dependent child” means any person, whether or not living with his/her parent or legal guardian, who is eligible to be claimed by his/her parent or legal guardian as a dependent under the Federal Income Tax and who receives more than 50% of the true cost of living expenses from his/her parent or legal guardian.

Who is not eligible to establish Florida residency for tuition purposes?

- Students who are dependent on out-of-state parents (claimed on the parent(s) Federal Income Tax form).
- Students who moved to the State of Florida for the sole purpose of attending an institution of higher education.
- Students who claim independence but cannot document independence.
- Certain Visa categories.

Who is exempt from establishing Florida residency for tuition purposes?

- Students who are exempt from paying fees (DCF, homeless waivers) are exempt from providing proof of residency F.S. 1009.25(2)(c)(d) and (f), F.S.
- Students paying with Florida Prepaid College Program. Each qualified beneficiary shall be classified as resident for tuition purposes, regardless of his or her actual legal residence. F.S. 1009.98(a)1.

NON-FLORIDA RESIDENT ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term it will be necessary for me to file the required documentation prior to the beginning of the term in to be considered for Florida residency reclassification.

Printed Student Name _____ State of Residence _____

Student Signature _____ Date _____