

Human Services Application Packet

Dear Prospective Student,

First Coast Technical College is now accepting applications for the Human Services Programs. All classes meet at the Main Campus in St. Augustine. As you begin your student journey, please refer to the Application Checklist below.

Course Length

Cosmetology (Includes Hair, Facials and Nails)

Total 1200 Hours / 37 Weeks

Facial Specialty

Total 220 Hours / 7 Weeks

Nail Specialty

Total 180 Hours / 6 Weeks

All applicants must be 16 years of age upon completion of the program or have a high school diploma.

***CASAS or TABE scores must be on file unless you meet the basic skills exemption requirement.**

If you meet the above requirements, please continue with the Application Checklist.

- Request your official sealed high school or GED **transcripts**. If you have an Associate degree or higher, this can be sent in lieu of high school or GED transcripts. Go to <https://fctc.edu/transcripts/> to learn how to submit your official sealed Transcripts.
- Apply for **Federal Student Aid**. Go to studentaid.gov FCTC's school code is **012544**. If you have a high school diploma or GED, you may be eligible for financial aid for the Cosmetology program. Facial Specialty and Nail Specialty are not eligible for financial aid. For more information, click Financial Aid. <http://fctc.edu/financial-aid/>
- Go to your program in FCTC.edu and click **Create My FCTC Account** to start your pre-registration if you have not already.
- Upon receipt of your official transcripts, you will receive email notification which will determine your **assessment requirements**. See page 2 for more information.
- Complete this Application which included Florida Residency Affidavit and submit to Admission before paying fee at Registration, on the Main Campus located at 2980 Collins Ave, in Building A.

(904) 547-3282

It is the responsibility of the student to assure all paperwork has been submitted to Admissions. Email Admissions@FCTC.edu to request instructions on how to upload program required documents.

Program Fees

Go to your program at FCTC.edu and click on **Program Costs** for a complete cost breakdown.

Program Requirements

All students must be 16 years of age upon completion of the program.

| | | |
|-----------|------------------|--|
| Education | Cosmetology | High School Diploma, GED or Higher Degree** |
| | Facial Specialty | High School Diploma, GED and assessments not required* |
| | Nail Specialty | High School Diploma, GED and assessments not required* |

**To obtain your Cosmetology Licensure under the Business and Professional Regulation (DBPR), you will be required to be at least 16 years of age or have received a high school diploma/GED and possess a Social Security number.

*Facials or Nails do not require taking an assessment. If you plan to move into a program more than 450 hours such as Cosmetology, you will be required to take an assessment.

Assessments Score Requirements

Once your official transcripts (high school, GED or college) are reviewed, you will receive an email letting you know if you will need to take an assessment to determine your reading and math abilities or if you are basic skills exempt.

To take the assessment, you can pay in person or call (904) 547-3383 or (904) 547-3381 to make an over the phone payment. Then, to schedule your appointment, contact the Test Center by emailing Testing@FCTC.edu or calling (904) 547-3434

For those who are interested in assistance to prepare or retake the test, [Academic Coaching](https://fctc.edu/programs/coaching/) <https://fctc.edu/programs/coaching/> is offered through Adult Education by emailing AdultEd@FCTC.edu or calling (904) 547-3434.

| Program | CASAS Scores | | TABE Scores | | |
|------------------|-----------------|------|-----------------|------|----------|
| | Reading | Math | Reading | Math | Language |
| Cosmetology | 239 | 229 | 576 | 577 | 577 |
| Facial Specialty | No requirements | | No requirements | | |
| Nail Specialty | No requirements | | No requirements | | |

Auxiliary Aid

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please visit Student Advising in Building A at the Main FCTC Campus or email StudentAdvising@FCTC.edu

| |
|--|
| FCTC USE ONLY: FOCUS ID _____ DATE _____ Initials _____ |
|--|

HUMAN SERVICES APPLICATION

Start Date _____

- Cosmetology
 Nail Specialty
 Facial Specialty

| | | | |
|-----------|------------|-------------|--------------------|
| Last Name | First Name | Full Middle | Maiden/Other Names |
|-----------|------------|-------------|--------------------|

| | |
|----------------|-----------------|
| Street Address | Apt/Unit Number |
|----------------|-----------------|

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

| | |
|--|-----------------|
| Mailing Address (if different than Street Address) | Apt/Unit Number |
|--|-----------------|

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

Cell Phone _____ Work Phone _____

Email _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

***This is required for FCTC to furnish annual 1098T.**

Emergency Contact Information

| | |
|---|---|
| Emergency Contact 1 _____ | Emergency Contact 2 _____ |
| Relationship _____ | Relationship _____ |
| Contact Number _____ | Contact Number _____ |
| Check One <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Check One <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |

Education History

High School: Check highest grade completed 9th 10th 11th 12th

Did you receive your diploma or GED? Yes No

Have you participated in high school dual or secondary enrollment or had a prior career and technical education (CTE) training? Yes No

If yes, type of program _____

Dates of Attendance _____ School _____

Reason for leaving the program _____

College: check all that apply

Some classes 1 yr. 2 yr. 3 yr. 4yr. Other

If you received a college diploma, please check all that apply

Technical Certificate/License Associates Bachelor Master's Doctorate Other

List courses taken since high school _____

If you have previous experience that you feel is relatable to this program, please explain below

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:

The following information is not used in the eligibility process

| | | | | |
|----------------------------------|--|---|--|---------------------------------------|
| Applicant's Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | | |
| Race | <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi-Racial |
| | <input type="checkbox"/> Asian, Pacific Islander | <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other | |
| Are you a United States Citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Is English your second Language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, what is your primary language? _____ | |

I understand that submitting this application does not guarantee admittance into a program and that all application fees are non-refundable. 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.

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).

Applicant Print Name

Signature of Applicant

Date

Florida Residency Declaration for Tuition Purposes

THIS SECTION MUST BE COMPLETED IN FULL IF YOU ARE CLAIMING FLORIDA RESIDENCY FOR TUITION PURPOSES PERSUANT 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.

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant above. The claimant is my "parent" as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17." A copy of your parent's tax return may be requested to establish dependence.

I am an independent student who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy your tax return may be requested to establish independence.

Name of Student _____ Last 4 of SS# _____ 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 _____

Claimant 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
and include a legible copy of both documents with your application.**

| | |
|---|--|
| <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 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 <input type="checkbox"/> Proof of DD214 Honorable discharge | <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 documentation that supports student's request for resident status (Ex: utility bills and 12 consecutive months of payment or lease agreement and proof of 12 consecutive months of payment) |
|---|--|

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 class which an in-state classification is sought.

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

- U.S. citizens, permanent resident aliens, certain Visa categories, and certain active-duty members of the Armed Services of the United States, their spouses, and their dependent children.
- Honorable discharged veteran of the U.S. Armed forces, the U.S. Reserve Forces or the National Guard who physically resides in Florida FS 1009.26 (13).

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 _____

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

Reviewed by: _____ Date: _____ Approved: Yes No