



THE PLAYERS Championship Boys & Girls Club Scholarship Application

FCTC Education Foundation is proud to offer current members or alumni of **THE PLAYERS Championship Boys & Girls Club in St. Augustine** this scholarship opportunity of up to \$1,500 to attend **First Coast Technical College** through the generosity and legacy of **Leadership St. Johns Class of 2022**. Applications may be submitted for upcoming enrollment periods on a rolling basis and as funds are available.

Scholarships primarily cover registration and tuition fees; funds may be spent on additional costs such as books, supplies, uniforms and other fees related to completing the program.

Requirements

Awards will be based on:

1. Recommendation from an instructor or guidance counselor at the applicant's school
2. Staff verification connecting the student with **THE PLAYERS Championship Boys & Girls Club in St. Augustine**
3. Evidence that applicant desires career training at the **First Coast Technical College**
4. A grade point average of 2.5 or higher
5. Florida residency
6. A completed application from the student

Instructions

- Complete **THE PLAYERS Championship Boys & Girls Club in St. Augustine** application.
- Include an instructor or guidance counselor recommendation with the scholarship form.
- Hand deliver, mail or email completed application before the deadline to be considered:

FCTC Education Foundation
Coordinator of College Advancement
2980 Collins Avenue, Building A
St. Augustine, Florida 32084



APPLICATION

Applications for this school year must be submitted in person, by email or mail to the **FCTC College Advancement Office** in Building A of the main campus. For highest consideration, you must complete all sections of this application.

PLEASE PRINT CLEARLY

<p>The following describes my connection with THE PLAYERS Championship Boys & Girls Club in St. Augustine:</p> <p><input type="checkbox"/> I am a current member.</p> <p><input type="checkbox"/> I attended programs in the past.</p> <p><input type="checkbox"/> My siblings attended.</p> <p><input type="checkbox"/> I am the parent of a child(ren) who attends.</p> <p><input type="checkbox"/> Other (please explain) _____</p> <p>_____</p>	
Name	Student ID #
Current Street Mailing Address	
City	State Zip
Phone	Date of Birth
Email	County you live _____ How long? _____
Please circle: Male Female	
Where did you attend/graduate high school?	
Please check if you received your diploma or GED Yes _____ No _____	



**First Coast
Technical College**
Education Foundation

Are you currently a high school senior? Yes _____ No _____

If yes, the name of the high school you are attending

Date you completed or expect to complete/graduate high school

Are you currently taking any career technical courses? Yes _____ No _____
Please list

Have you previously taken any career technical courses? Yes _____ No _____
Please list

What FCTC program do you plan to enroll?

Present or last job

List current or past volunteer experience

List awards, interests, clubs and community activities



**First Coast
Technical College**
Education Foundation

Please list all financial assistance you are currently receiving:

Have you ever been homeless? Yes _____ No _____

Are you currently homeless? Yes _____ No _____

Do you have critical financial need? Yes _____ No _____

If yes, please explain

How do you plan to contribute to your profession in a significant way?

Anticipated Graduation Date

Applicant's Signature

Date

I acknowledge that this application will be shared with the FCTC Education Foundation Board.

Parent/Guardian Signature (if under the age of 18)

Date

Letter of Reference

Please include this letter of reference from your instructor, school administrator/guidance counselor or mentor with your application.

Professional Letter of Reference

TO BE COMPLETED BY A GUIDANCE COUNSELOR IF IN HIGH SCHOOL (PLEASE PRINT)

Guidance Counselor's Name _____

Grade Point Average (overall unweighted) _____ Class Ranking _____

Current Scholar Status (check all that apply): Good Academic Standing Academic Probation

Guidance Counselor's Signature _____ Date _____

TO BE COMPLETED BY YOUR INSTRUCTOR, SCHOOL ADMINISTRATOR OR MENTOR (PLEASE PRINT)

Reference Name _____ Program _____

How do you know this student _____

Recommendation for a technical scholarship

Reference's Signature _____ Date _____

Email, mail or hand deliver completed application to:

FCTC Education Foundation

Coordinator of College Advancement

2980 Collins Avenue, Building A, St. Augustine, FL 32084

Foundation@FCTC.edu

First Coast Technical College

Main Campus - 2980 Collins Ave., Bldg. A - St. Augustine FL 32084 - Phone 904.547-3282 - www.fctc.edu

Consent to Release Student Information

FERPA: The Family Educational Rights & Privacy Act (FERPA) gives registered students the right to inspect & review their educational records. "Educational records" are files, documents & other material regularly maintained by FCTC. FERPA also rules that the College cannot permit access to, or release of, educational records or personally identifiable information contained therein, without the consent of the student. (There are exceptions, such as directory information or information disclosed for legitimate educational purposes.)

AUTHORIZATION: Students must provide written consent to the FCTC Student Advisor Office to release information to any third parties, *even to a student's parent or guardian*. "Information" includes, but is not limited to:

- Academic records – Grades, class schedule, progress reports, attendance, etc.
- Financial records – Tuition assistance, scholarships, financial aid award, etc.
- Discipline/social records – formal/informal discipline, well-being, behavior, interactions, etc.

IDENTIFICATION: You must provide your driver's license, either in person or by a paper copy. If providing a copy, please ensure the signature & name can be easily read.

REVOCAION: Students may revoke the permissions granted on this form by contacting the Student Advisor.
By signing below, I agree with and authorize First Coast Technical College to release information to the persons and/or agencies listed.

Printed Name	Signature	Date
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Parent Printed Name (Required if student under 18yrs of age)	Signature	Date
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/ / # DOB and Last 4 of Social Security #	Witness Signature	Date
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PLEASE SPECIFY WHAT INFORMATION AND/OR RECORDS YOU AUTHORIZE TO BE RELEASED BELOW:

- All information & records relevant to my education at FCTC including Financial Aid.
- Other: Content from FCTC student and/or alumni interviews, photos and videos that tell the FCTC story
- Other: Permission to use content on website, social media and other public means to promote FCTC and the FCTC Education Foundation
- Other: Information to assist student with college expenses including Financial Aid.

INFORMATION MAY BE PROVIDED TO:

Name: Arleen Dennison

Name: FCTC Education Foundation

Address: 2980 Collins Avenue

Address: 2980 Collins Avenue

City ST Zip: St. Augustine, FL 32086

City ST Zip: St. Augustine, FL 32086

Phone: 904.547.3386

Phone: 904.547.3386

Email: Arleen.dennison@FCTC.edu

Email: Arleen.dennison@FCTC.edu