2024-2025 OPEN DOOR GRANT APPLICATION TERM 1

First Coast Technical College

Applications must be submitted _in-person_ to the Office of Student Financial Aid (Building A). All the information requested below must be provided. Incomplete applications will be denied.

Student Name: _____ ____ _____ Student ID#: _____
            (First)   (MI) (Last)

Address: _____ Apt/Unit: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email:_____

Date of Birth:_____/_____/_____ Gender: ☐ M ☐ F Social Security Number:_____-_____-_____

Program:_____

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Veteran Status: ☐ Active Duty Personnel, Member of the National Guard or Reserves ☐ Veteran (Prior service, not active duty) ☐ No military history

Enrollment Status: ☐ Currently Enrolled Student ☐ New Student

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QUALIFICATION CRITERIA (Answer the questions below):

1. **I am considered a Florida resident as determined by Florida Residency for Tuition Purposes guidelines:** ☐ Yes ☐ No

2. **Are you receiving any additional financial aid/funding:** ☐ Pell ☐ Scholarships ☐ Veteran's Benefits ☐ CareerSource

   ☐ Goodwill ☐ Bright Futures ☐ Career Navigator ☐ Employer Assistance ☐ Other: _____

PLEASE READ CAREFULLY

1. Applications must be submitted in-person to the Office of Student Financial Aid (Building A).
2. The Open Door Grant applies to eligible CTE programs and is currently being offered for courses starting August 6, 2024 through December 20, 2024.
3. Funds are subject to availability and priority is given to currently enrolled students.
4. Students who are considered non-Florida residents for tuition purposes do not qualify even if receiving a fee exemption for out-of-state tuition fees.
5. Open Door Grant funds are applied after federal and state aid, or third-party payments, to cover a maximum award equal to the amount needed to cover 100% of tuition for the term.
6. First Coast Technical College is required to reduce or cancel the grant award if the student later becomes eligible for other financial assistance during the 2024-2025 school year.
7. Awarded funds only apply to the program for which the application is submitted.
8. Open Door Grant will not pay for a repeat course(s)/program

I attest that all the information provided in this application is accurate, complete and correct. I understand that falsification of such information shall result in the denial of a pending application and revocation of an award or grant currently held to the extent that no further payments shall be made. Additionally, I understand that individuals who knowingly make false statements in order to receive state financial aid awards or tuition assistance grants commit a misdemeanor of the second degree subject to the providsions of s. 837.06 and shall be required to return all state financial aid awards or tuition assistance grants wrongfully obtained.

_____ _____
Student Signature   **Date**

OFFICE USE

FA Advisor: _____ Hours Enrolled (Master Schedule):_____ Eligibility Date: ____/____/_____ CIP Code:_____

Program Cost of Attendance: $_____ Tuition and Fee Cost: $_____ Books/Supplies Cost: $_____

Stipend: $_____ Federal Financial Aid: $_____ State Financial Aid: $_____

Reason for Denial

☐ **Non-FL Resident** ☐ **Non-eligible Program** ☐ **Fully Covered/Tuition Exemption** ☐ **Depleted/Expired Grant**

☐ **Outside Processing Window** ☐ **Incomplete Application**