

First Coast<br/>Technical College2024-2025 Florida First Responder Scholarship Program Term 1Vour Future Comes First

## 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 ap	plications will be denied.	
Student Name:		Student ID#:	
(First)	(MI) (Last)		<b>.</b>
Address:	Apt/U	nit: City:	State: Zip:
Phone Number:	Email:		
Date of Birth:/ Gender: M D F Social Security Number:			
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       Not military history         Enrollment Status:       Currently Enrolled Student       New Student			
QUALIFICATION CRITERIA (Answer the questions below):         1. I am enrolled in a First Responder Program:       Paramedic       Firefighting       Emergency Medical Technician       EMT/Fire Combo			
2. Are you receiving any ad	Iditional financial aid/funding: 🔲 Pell	Scholarships Veteran's Benefits	CareerSource
Goodwill	Bright Futures   Career Navigator	Employer Assistance Other:	J
PLEASE READ CAREFULLY			
<ol> <li>The Florida First Respond Firefighter, or EMT/Fire Co</li> <li>Funds are subject to availa</li> <li>Students who are conside</li> <li>The Florida First Respond amount needed to cover 1</li> <li>First Coast Technical Colle the 2024-25 school year.</li> <li>Awarded funds only apply</li> </ol>	nitted in-person to the Office of Student Finan- er Scholarships is for Students enrolled in a F ombo. Starting August 6th, 2024 through Dece ability and priority is given to currently enrolled red non-Florida residents will be responsible fi er Scholarship funds are applied after federal 00% of tuition for the term. ege is required to reduce or cancel the grant a to the program for which the application is sul cholarship Program will not pay for a repeat co	irst Responder Program: Emergency Medical ember 20, 2024. I students. or any out-of-state fees. and state aid or third-party payments, to cover award if the student later becomes eligible for bmitted.	r a maximum award equal to the
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. <u>837.06</u> and shall be required to return all state financial aid awards or tuition assistance grants wrongfully obtained.			
Student Signature		Date	
	OFFIC	EUSE	
FA Advisor:	Hours Enrolled (Master Sche	edule): Eligibility Date:/	_/ CIP Code:
Program Cost of Attendance: \$	Tuition and Fee Cost: \$	Books/Supplies Cost: \$	
Stipend: \$ Fee	deral Financial Aid: \$ State	e Financial Aid: \$	
Reason for Denial			
Incomplete Application	Non-eligible Program	Fully Covered/Tuition Exemption	Depleted/Expired Grant
Outside Processing Window	v		