

## 2025-26 OPEN DOOR GRANT APPLICATION TERM 2

## First Coast Technical College

Applications must be submitted in-person to the Financial Aid Office (Building A). All the information requested below must be provided.

Incomplete applications will be denied.

Student Name:		Student ID#:		
(First) Address:	(MI) (Last)	City:	State:	7in·
	•	•		
Phone Number:				
Date of Birth:/ Gender:				
Term: Spring 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				
QU  1. I am considered a Florida resident as dete  2. Are you receiving any additional financial a  Goodwill A-STEP Bright Futures	aid/funding: Pell S	• /	efits	No reerSource
PLEASE READ CAREFULLY  1. Applications must be submitted in-person to to the control of the cont	programs and is currently being of given to currently enrolled studen	fered for courses starting Januar ts.		
<ol> <li>Open Door Grant funds are applied after feder 100% of tuition and fees for the term.</li> <li>First Coast Technical College is required to rethe 2025-26 school year.</li> <li>Awarded funds only apply to the program for Open Door Grant will not pay for a repeat county.</li> </ol>	educe or cancel the grant award if		•	
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 provisions 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: He	ours Enrolled (Master Schedule):_	Eligibility Date:		CIP Code:
Program Cost of Attendance: \$ Tu	ition and Fee Cost: \$	Books/Supplies Cost: \$_		
Stipend: \$ Federal Financial Aid: \$ State Financial Aid: \$				
Non-FL Resident Non-eligible	Reason for Den Program	ial overed/Tuition Exemption	☐ Deplet	ed/Expired Grant

Incomplete Application

Outside Processing Window