

Kathryn Morgan Financial Aid Officer Email: kmorgan@pc.fsu.edu

Phone: (850 770-2177 FAX: (850) 747-5434

Toll Free (866) MyFSUPC (693-7872)

Spring Foundation Scholarship ApplicationApplications accepted August 15 - September 30

A Free Application for Federal Student Aid (<u>FAFSA</u>) must be filed before your application is considered

Students must meet the following eligibility criteria to apply for the FSU Panama City Foundation Scholarships:

- Must be admitted as a degree seeking student enrolled in a minimum of 6 semester hours.
- Minimum 2.5 GPA
- Must complete the current Free Application for Federal Student Aid (FAFSA) and allow time for calculating and posting of your award (6-8 weeks before deadline).

Application Instructions

- Adobe Reader or Acrobat 8.0 or greater must be used to fill out and submit this form. You
 can download the latest Adobe Reader here http://get.adobe.com/reader/.
- Email your completed application to kmorgan@pc.fsu.edu or mail it to: Office of Student Affairs, Attention Kathryn Morgan, FSU Panama City, Barron 210, Panama City, FL 32405.

Student Informa	tion		
First Name:		Last Name:	
Address:			
			Zip:
All corresponde	ence regarding Foundation Scholar your preferred email address.		Please use your nine-digit EMPLID.
Date of Birth:		l am:	dependent on my parents not dependent on my parents
Education			
l am a/an:	Undergraduate Graduate	Major/Intended: Major:	
Internship this semester:	Yes No	Estimated Graduation Date:	
Estimated Enroll	ment Hours:	Spring	

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•	Please s	ummarize anv	achievements	and/or av	wards vou	have received
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• Please summarize your participation in any community activities and/or service projects.

Personal Data

The information provided in this section will be used to determine eligibility for certain scholarships.

Master's

Marital Status:	Single	Married	Divorced	Separated	Widowed
Number of Children:		Age of dep (if applicab	endent children ble):		
Parent/Guardian Educ	ation Level				
Father:	No Degree Bachelor's	High School Master's	AA Degree Specialist	AS Degree Doctorate	
Mother:	No Degree	High School	AA Degree	AS Degree	

Specialist

Doctorate

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Bachelor's

Please indicate if the following statements apply to you. Information obtained in this section will help determine your eligibility for specific scholarships.

	Yes	No
Are you an active military member assigned to Tyndall Air Force Base?		
I am a dependent or spouse of an active duty or retired military member.		
I have been a resident of Bay, Calhoun, Escambia, Franklin, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton,or Washington county for at least 10 years.		
I am a member or dependent of a member of Panhandle Educators Federal Credit Union.		
I am a past or present member of the Panama City Junior Woman's Club.		
I graduated from Gulf Coast State College.		
I am an active member or dependent of an active FOP Lodge 130 member.		
I graduated from a high school in Bay County.		
I am an active employee or dependent of an active or retired AT&T employee.		
I am a dependent of an employee of Berg Steel Pipe Corporation and/or eb Pipe Coating, Inc.		
I am a dependent of full-time FSU Panama City employee.		
I am an employee or dependent of an employee of Corams' Steak & Eggs or Corams' Son Tire and Automotive.		
I am an employee or dependent of an employee of Regions Bank's Florida Panhandle Banking Group.		
I have an affiliation with the Optimist Clubs.		
I am a graduate of the Junior Leadership Bay Program with the Bay County Chamber of Commerce.		
I am a graduate of Panama City Marine Institute.		
I am affiliated with the Guardian ad Litem program.		
I have an affiliation with the Naval Surface Warfare Center Panama City Division.		
I am an active employee or dependent of an active C.W. Roberts Contracting employee.		
I am an active employee or dependent of an active McNeil Carroll Engineering, Inc. employee.		
I am a member or a dependent of a member of Innovations Federal Credit Union.		
I am a member or a dependent of a member of Tyndall Federal Credit Union.		

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Summary

• Summarize, in a 300–500 word statement, why you chose FSU Panama City, your educational goals and why you feel you should receive a Foundation Scholarship. (Please include any additional information that may be helpful in determining your need, e.g., unusual medical expenses, illness, or family situations).

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