



FCTC Education Foundation
Financial Assistance Application

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please check one [ ] I am between the age of 16-24 [ ] Age 25 or older Program \_\_\_\_\_

Have you applied for student aid? \_\_\_\_\_ Please list all aid that you are receiving. \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My Instructor \_\_\_\_\_ My Advisor \_\_\_\_\_

Funds Requested

Adult Education Tuition [ ] AE [ ] GED Readiness [ ] GED Test [ ] ESOL [ ] Other \_\_\_\_\_

TABE Scores: Reading \_\_\_\_\_ Math \_\_\_\_\_ Language \_\_\_\_\_ Term: [ ] Fall [ ] Spring [ ] Summer

[ ] Books: Title \_\_\_\_\_ Cost \$ \_\_\_\_\_ Program \_\_\_\_\_

[ ] Supplies: Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Program \_\_\_\_\_

[ ] Uniforms: Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Program \_\_\_\_\_

[ ] Other Support \_\_\_\_\_

Please explain your goals and how this assistance will impact your life:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Adult Ed Approval \_\_\_\_\_ Date \_\_\_\_\_

Career Navigator Funding \_\_\_\_\_ [ ] Eligible [ ] Ineligible Date \_\_\_\_\_

Foundation Approval \_\_\_\_\_ Date \_\_\_\_\_

Education Foundation Scholarship Fund: Check# \_\_\_\_\_ Credit Card Paid \_\_\_\_\_

Source \_\_\_\_\_

Instructor working with Student \_\_\_\_\_ Advisor working with Student \_\_\_\_\_