

**THE BAPTIST COLLEGE OF FLORIDA  
FINANCIAL AID APPLICATION  
2018-2019**

**INSTRUCTIONS:** This institutional application is designed to provide supplemental information on students who are applying for federal financial aid on a "need" basis and for students to be considered for any other institutional financial aid. To establish need, you *must* submit a Free Application for Federal Student Aid (FAFSA) to the U.S. Department of Education.

To be considered a **priority aid applicant**, the FASFA *must* be submitted and this application *must* be returned to BCF no later than March 1<sup>st</sup>. For Florida residents to be considered for a Florida Student Assistance Grant (FSAG), a correct FAFSA must be processed by the U.S. Department of Education by May 15<sup>th</sup>.

**SECTION I: GENERAL INFORMATION**

**Name:** \_\_\_\_\_  
Last First MI

**Social Security Number:** \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_  
Street Address City State Zip

**Address While In School:** \_\_\_\_\_  
Street Address City State Zip **Date**

**of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:**  Male  Female

**Driver's License No.** \_\_\_\_\_ **State** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Citizenship Status:**

- U.S. Citizen  
 Eligible Non-Citizen #A \_\_\_\_\_  
 Foreign Student

**Marital Status:**

- Single  
 Married  
 Separated from Spouse

**Ethnicity** (for federal/state reporting purposes)

- White, non-Hispanic  Black, non-Hispanic  
 Hispanic  Asian or Pacific Islander  
 American Indian, Alaskan Native

**Church:** \_\_\_\_\_ **Denomination:** \_\_\_\_\_

**Association:** \_\_\_\_\_ **Date Joined Church:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Where will you reside while attending BCF?**

- On-Campus Housing  
 Off-Campus with parents/relatives  
 Off-Campus in my own apartment/house

**Will you be submitting a Free Application for Student Aid (FAFSA)?**  Yes  No

**Anticipated enrollment status:**  Full-Time  Three-Quarter Time  Half-Time

**Academic terms requesting financial aid:**  Fall 2018  Spring 2019  Summer 2019

**Class Status for Fall 2018:**  Freshman  Sophomore  Junior  Senior  Graduate

**Expected date of college graduation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Major:** \_\_\_\_\_  
Month Year

**SECTION II: STUDENT'S EDUCATIONAL DATA**

Have you graduated from High School or received a GED?  Yes  No

If yes, give \_\_\_\_\_  
Name of High School City

Date of high school graduation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Have you previously earned a bachelor's degree?  Yes  No

List **ALL** post-secondary institutions you have attended, location and dates of attendance:

Name of College, City, and State	Period of attendance		Type of Degree Received
	From (Mo/Yr)	To (Mo/Yr)	

**SECTION III: FUNDING SOURCES**

**A. Do you have a Florida Prepaid Tuition Plan?**

- Yes. Please indicate the type of plan:  
 4-Year  2+2  Fees  Dormitory \_\_\_\_\_ # of semesters available  
 Please provide our office with a copy of your Prepaid Tuition Plan card. **Please note that you must also complete a Transfer Authorization Form through the Florida Prepaid College Program Office.**
- No

**B. Will you receive any of the following resources during 2018-2019?**

- Florida Bright Futures (select one of the following)  
 Florida Academic Scholar (3.50 GPA and 1290 SAT or 29 ACT, IB Diploma)  
 Florida Medallion Award (3.00 GPA and 1170 SAT or 26 ACT)
- Veteran's Benefits Type: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_
- Out-of-State Tuition Plan. Please indicate the type of plan:  
 4-Year  2+2  Fees  Dormitory \_\_\_\_\_ # of semesters available  
 State: \_\_\_\_\_
- Ministerial Aid

**C. Will you receive any additional outside scholarships or awards from sources other than BCF?**

- Yes. Please list the scholarship/award name and amount:  
 Other (e.g., Lion's Club \$5,000) \$ \_\_\_\_\_
- No

Federal regulations require you to inform the Office of Financial Aid of any and all types of assistance you receive from outside sources.

**SECTION IV: CERTIFICATION**

By signing this certification statement I, certify that all information on this application for financial assistance is complete and correct.

I further certify that I will use federal and/or state financial aid only to pay the cost of attending The Baptist College of Florida.

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

**Please return completed application to:**  
 The Baptist College of Florida, Office of Financial Aid • 5400 College Drive, Graceville, FL 32440  
 Phone: (850) 263-3261 or (800) 328-2660 ext. 461

## Information for Residency Classification

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve months. Residence in Florida must be as a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. Citizen, permanent resident alien, or legal alien granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Board of Regents. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

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### Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Florida Residents

***This section must be completed in full if you claim Florida residency for tuition purposes.***  
**(See next page for acceptable proof of residence documents)**

- I am an independent person and have maintained legal residence in Florida for at least 12 months.
- I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least 12 months.
- I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home.
- I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida residence.
- According to the United State Immigration and Naturalization Services, I am a permanent resident or other legal alien granted indefinite stay and have maintained a domicile in Florida for at least 12 months.
- I am a United States citizen living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child.
- I am a member of the Armed Services of the United States and I am stationed in Florida on active military duty pursuant to the military orders, or whose home of record is Florida, or I am a member's spouse or dependent child.
- I am a full-time instructional or administrative employee employed by a Florida public school, community college or institution of higher education, or I am the employee's spouse or dependent child.
- I am part of the Latin American/Caribbean Scholarship program.
- I am a Southern Regional Education Board's Academic Common Market graduate student.
- I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
- I am a McKnight Fellowship recipient.

**Persons claiming residency should complete this section in full.**  
**(If student is dependent, parent or legal guardian must complete)**

- Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought. All documentation is subject to verification.

#### PLEASE PRINT

1. Name of Student: \_\_\_\_\_
2. Student Social Security Number: \_\_\_\_\_
3. Name of person claiming Florida residency: \_\_\_\_\_
4. Claimant's relationship to student: \_\_\_\_\_
5. Claimant's legal address: \_\_\_\_\_  
Street/PO Box                      Apt.No.                      City                      State                      Zip Code
6. Claimant's telephone number: ( ) \_\_\_\_\_
7. Date claimant began establishing legal Florida residence and domicile: \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Claimant's driver license                      State: \_\_\_\_\_ Number: \_\_\_\_\_                      Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_
9. Non U.S. Citizen only:                      Resident Alien Number: \_\_\_\_\_                      Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes.

\_\_\_\_\_  
Signature of person claiming Florida residency

\_\_\_\_\_  
Date

As of July 1, 2013, changes in state regulations are requiring us to request additional documentation. **Dependent Students**, please submit **two acceptable Proof of Florida Residence** documents for the **parent** or guardian, and **one acceptable Proof of Florida Residence for the student** from the list below. **Independent Students** are required to have **two acceptable Proofs of Florida Residence** documents from the list below.

We must have the requested documents to complete your financial aid file so your financial aid may be disbursed in a timely manner.

Residency determination must be documented by the submission of written or electronic verification which includes **two or more of the documents** identified in this paragraph. No single piece of evidence shall be conclusive.

1. The documents **must include at least one** of the following:
  - a) A Florida voter's registration card.
  - b) A Florida driver's license.
  - c) A State of Florida identification card.
  - d) A Florida vehicle registration.
  - e) Proof of a permanent home in Florida which is occupied as a primary residence by the individual or by the individual's parent if the individual is a dependent child.
  - f) Proof of a homestead exemption in Florida.
  - g) Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned within the last 12 months.
  - h) Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period.
  
2. The documents **may include one or more** of the following:
  - a) A declaration of domicile in Florida.
  - b) A Florida professional or occupational license.
  - c) Florida incorporation.
  - d) A document evidencing family ties in Florida.
  - e) Proof of membership in a Florida-based charitable or professional organization.
  - f) Any other documentation that supports the student's request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal , or court document evidencing legal ties to Florida.