



Florida/West Africa Linkage Institute

New Applicant:
Renewing FLAWI:
Date received:

OUT-OF-STATE TUITION EXEMPTION APPLICATION

(please type or print clearly in black/blue ink)

Semester applying for: Fall Spring Summer

Deadline to apply for Fall (July 1); Spring (Dec. 1); Summer (April 1)

Check one: Mr. Ms. Mrs.

Name: _____
(Last Name) (First Name) (Middle Name)

Social Security Number _____ Date of Birth (Month/Day/Year): _____

Citizenship: _____ Passport #: _____ Visa type: _____

Home Country Mailing Address: _____

U.S. Mailing Address: _____

E-mail: _____

Telephone: (Day) _____ (Evening) _____

Current Grade Point Average: _____

Are you currently enrolled in a Public Institution in Florida? Yes No

If yes, which one? _____ City: _____

Major: _____

Anticipated enrollment (*number of semester credit-hours): _____
* full time undergraduate (12 h) graduate (9 h)

Currently receiving other scholarship aid: Yes No

If yes, please specify source and amount:

Source: _____ Amount: _____

I certify that the information given in this application is complete and accurate.

Signature: _____ Date: _____