

Program description:

William L. Boylston Executive Access to Education Grant
Undergraduate students attending private non-profit
program and participating to determine applica-

Requirements:

1. Eligible postsecondary institutions may accept a student who meets the

resident of Florida residency for purposes of the application for a minimum of 12 months prior to the start of the academic term for which aid is requested. *Depen-

state of residence with the parent's state of residency. If the student is not a resident of Florida, the student must be a resident of the state in which the program is located.

3. Not be receiving any federal financial aid for the student's program unless satisfactory arrangements have been made to repay the aid.

4. All students must have current information on the application. All information is confidential and will be used only for the purpose of the application.

STUDENT'S NAME: _____

High School Attended: _____ Graduation Date: _____

Are you a U.S. citizen? YES NO If no, please attach a copy of your alien registration card or Visa

Are you currently employed? YES NO

Student Beginning Date of Florida Residency: _____

ARE YOU OR YOUR PARENT (OR DERIVING THEIR MILITARY AND STATICAL RESIDENCE IN FLORIDA AS YOUR HOME OF RECORD/STATE OF RESIDENCY)? YES*

*Please provide a copy of military orders

Parent Beginning Date of Florida Residency (PARENTS ONLY): _____

I hereby certify that the information submitted is true and correct to the best of my knowledge.

STUDENT SIGNATURE: _____

DATE: _____

Save the completed form and return as an email attachment to the appropriate financial aid counselor, noting the appropriate advisor's name.

Students Last Names A - E

Students Last Names F - Z