

Signature:

## Florida/West Africa Linkage Institute OUTOFSTATE TUITION EXEMPTION APPLICATION

New Applicant:

Renewing FLAWI:

Date received:

(Typeor print clearly inblack/blueink)

Spring

Summer

Fall

Semester applying for:

Deadline to apply for Fall (July 1); Spring (Dec. 1); Summer (April 1) Personal Informatio n Check one: 2WKHU Mr. Ms. Mrs. Name: (First Name) (Middle Name) (Last Name) Date of Birth (Month/Day/Year): Social Security Number: Passport #: Visa type: Citizenship: Home Country Mailing Address: UQLWHG 6WDWHV Mailing Address: E-mail: Telephone: (Day) (Evening) Academic Information Current Grade Point Average: Yes No Are you currently enrolled in a Public Institution in Florida? 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: No Yes If yes, please specify source and amount: Source: Amount: I certify that the information given in this application is complete and accurate.

Date: