

Florida Prepaid College Foundation Private Donor

Program Overview:

Thank you for your interest in becoming a Florida Prepaid College Foundation Private Donor. Donors may establish their own criteria and purchase scholarships through the Prepaid Foundation with 100% private sector donations.

The Florida Prepaid College Foundation has many private donors, including community groups, businesses, hospitals and churches that are making higher education a reality for students in their communities. With the Foundation donors may build their own scholarship program to meet their dreams of helping children have greater access to higher education.

Interested donor organizations must complete the following:

- Mail a check for 100% of the total contract plus a \$50 application fee for each contract purchased
- Provide proof of 501 (c)(3) certification
- Provide the donor organization's focus or objective
- Agree to request approval from the Florida Prepaid College Foundation to use its logo
- Agree to allow the Florida Prepaid College Foundation use of your organization's logo on its website

Private scholarship recipients must meet the following criteria:

- An individual who is under the age of 21 and has not completed the 12th grade
- A resident of Florida for 12 consecutive months
- A United States citizen or a resident alien
- Graduate from an accredited Florida high school
- Scholarship recipients must have a valid SSN

Contact Us:

Cindy O'Connell, Foundation Director
Cynthia.O'Connell@MyFloridaPrepaid.com
Phone: 850-488-8514

Kelia Wilkins, Senior Financial Analyst
Kelia.Wilkins@MyFloridaPrepaid.com

Application for the Florida Prepaid College Foundation “Private Donor” Scholarship Program

Thank you for applying for participation in the Private Donor Scholarship Program sponsored by the Florida Prepaid College Foundation. Please complete the following fields and submit your Scholarship Proposal to the Foundation office:

Applying 501(c)(3) Organization: _____

Address: _____

Phone: _____ Fax: _____

Principal Name and Title: _____

Principal Email: _____

Primary Contact: _____ Email: _____

Title: _____

Secondary Contact: _____ Email: _____

Title: _____

The above referenced organization is pleased to participate in the Private Scholarship Program. It understands and accepts that it will be bound the Florida Prepaid College Board Master Contract.

Signature of Principal: _____ Date: _____

Please mail or scan a copy of the application and proposal to the following addresses:

Florida Prepaid College Foundation
The Stanley G. Tate Project STARS Scholarship Program
1801 Hermitage Blvd., Suite 210
Tallahassee Florida, 32317

Please mail check only: (Unique account number must be included and will be provided by the Foundation)
Florida Prepaid College Board
PO Box 31088
Tampa, FL 33631