



ANNUAL STUDENT INFORMATION FORM

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____

Phone Number/Area Code: _____

Email Address: _____

Florida Prepaid Scholarship Account Number: _____

Social Security Number: _____

Ethnicity (Check One): Caucasian African-American Hispanic
 American Indian Asian Other: _____

What is the name of the high school you graduated from? _____

PRE-SECONDARY EDUCATION INFORMATION:

What is the name of the Foundation/Organization that awarded you your scholarship?

Did you take/pass the 10th grade Florida Standards Assessment (FSA)? (Check One): YES NO

Did you meet all other requirements needed to receive the standard high school diploma? (Check One): YES NO

If you did not meet all requirements needed to receive a standard high school diploma, did you (Check One):

- Participate in an accelerated high school equivalency diploma prep program during the summer and take/pass the College Placement Test?
- Will you be taking remedial or credit courses at a state community college?
- Participate in a general education program and receive a GED (general education diploma) and take/pass the Florida Standards Assessment (FSA)?
- Participate in a home school?

POST-SECONDARY EDUCATION INFORMATION:

Where will you be attending College?

(Check As Appropriate)

First Choice: _____

Applied Accepted Attending

Second Choice: _____

Applied Accepted Attending

What is your anticipated major? _____

Are you planning to be enrolled in college during this fall? Yes No

If no, please discuss your plans to return to college: _____

What year do you anticipate graduating college? _____

What was your high school GPA? _____

How many, if any, college credits have you completed to date? _____

Are you the first in your family, parent/legal guardian and any siblings, to graduate high school? _____

Are you the first in your family, parent/legal guardian and any siblings, to go to college? _____

Are/Will you (be) the first in your family, parent/legal guardian and any siblings, to graduate college? _____

Where will you be living while attending college? (Check One)

- At Home with Parents Apartment Dormitory
 Fraternity/Sorority House Other: _____

Do you plan on working while attending college? (Check One)

- Yes, Full-time Yes, Part-time No, will not work

Please provide below additional information regarding your current plans for the future:

“I _____ consent and authorize the Stanley G. Tate Florida Prepaid College Foundation, Inc. to publicly release information about me, my college attendance and education, and my participation in Project STARS and to use such information in the Foundation’s annual report or in newsletters published by the Foundation or the Florida Prepaid College Board. I waive any right under s. 1009.98(3), Florida Statutes, to use the benefits of my Florida Prepaid College Plan scholarship at any eligible educational institution that is not a publicly owned college, university or vocational education institution located in the State of Florida and authorize the donor of my scholarship to be the sole entity authorized to approve any transfer of the benefits of my scholarship for use by me at any privately owned or operated eligible educational institution located in the State of Florida or at any eligible educational institution located outside of the State of Florida.”

“I _____ affirm that I have remained drug free and crime free since being designated a recipient of a Stanley Tate Project STARS scholarship. I will continue to remain drug free and crime free while utilizing the benefits of my scholarship. “Drug Free” means not being convicted of, or adjudicated delinquent for, any violation of chapter 893. “Crime Free” means not being convicted of, or adjudicated delinquent for, any felony or first degree misdemeanor as defined in Florida statutes 775.08 and 775.081.

“I _____ also have been informed and understand that while my scholarship is in an active status, the Florida Prepaid College Foundation must receive a fully executed Annual Student Information form from me annually, by the beginning of the fall semester. Failure to comply may result in non-payment of my fall invoice, and/or my scholarship being revoked, and/or denial of college graduation.”

Signature

Date

These forms may be accessed on-line at www.floridaprepaidcollegefoundation.com or upon request from your Donor Foundation/Prepaid College Foundation.

Please return this form to the Foundation/Organization that awarded your Stanley State Project STARS Scholarship to you.

Thank you for completing your Annual Student Information Form!

Please note that the survey file provided to each public university and college is updated bi-weekly and any submitted/blocked invoices will need to be resubmitted after completion of the survey.