



2011-2012 Florida Bright Futures Scholarship Request

**This is not an application to receive a scholarship. All students interested in Bright Future funding must apply online at www.floridastudentfinancial.org. First-time new students must apply before the last day of high school. Returning students must renew.*

Complete and Return Application to:
Bethune-Cookman University
Office of Student Financial Aid
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, FL 32114
Phone: (386) 481-2620
or (800) 553-9369
FAX: (386) 481-2621
Email: bcufa.imaging@cookman.edu

Section I: Student Information

Type of Request:

☐ New Student ☐ Returning Student

BCU ID #: _____ Social Security #: _____

Applicants Name: _____
LAST FIRST MIDDLE

Permanent Address: _____
STREET CITY STATE ZIP CODE

Section II: Type of Awards

Check all that apply:

Florida Bright Futures Scholarships:

- ☐ Florida Medallion Scholars (FMS)
☐ Academic Top Scholars (ATS)
☐ Florida Academic Scholars (FAS)
☐ Gold Seal Vocational Scholars (GSV)

Florida Scholarships:

- ☐ Children and Spouses of Deceased or Disabled Veterans and Servicemembers (CSDDV)

Section III: Renewal Requirements

If you meet these requirements please initial:

____ A student who receives funding during the current academic year (fall through spring) is automatically evaluated for renewal at the end of the spring term. Renewal institutional cumulative grade point average (GPA) and completed hours requirements are outlined in the table below.

____ The postsecondary institution where a student is enrolled as degree- or certificate-seeking is the home postsecondary institution. That postsecondary institution determines the courses to be included in each student's renewal postsecondary institutional cumulative GPA.

____ A student may request that a financial aid officer at the home postsecondary institution use high school dual enrollment courses, if these courses are to the student's advantage, when calculating the renewal postsecondary institutional cumulative GPA.

Section IV: Anticipated Hours Enrolled

Please list the anticipated hours that you intend to enroll for the upcoming term. Hours must be indicated, for this will determine your award amount. If changes to your hours are made after submitting this form, please resubmit this form with the corrected hours. If new form is not submitted with corrected hours, the award amount will not be adjusted and your account may reflect a balance.

☐ I will enroll as a Part-time Student (less than 12) ☐ I will enroll as a Full-time Student (12-18)

Please provide anticipated:

Fall Credit Hours _____ Spring Credit Hours _____

Signature of Applicant (Student)

Date