

2018-2019 DACA Scholarship Request Form



Last Name	First Name	M.I.	G00	Student ID #
Mailing Address	City	State	Zip	Phone

Total DACA Scholarships Previously:

- Please total all previous DACA Scholarships received in past semesters.
- Enter your total DACA Scholarships awarded previously: \$ (Required)

Scholarship Amount Requesting \$ _____

Term Requesting Scholarship: Fall Spring Summer

What is your anticipated graduation date? Month _____ Year _____

By signing this form, you agree that you understand the following:

- I **must** have a completed **2018-2019 FAFSA** on file at SCF.
- I **must** have completed a DACA tuition waiver (needs to be submitted to **Educational Records Department per semester**)
- I **must** complete SCF Foundation Scholarship Application <http://scf.edu/scholarships>
- I **must** be a Degree Seeking student.
- I **must** be enrolled and attend courses.
- I **must** understand that all courses need to be completed with a **“C”** or better
- I **must** understand that this Scholarship must be requested each term and is subject to available funding.
- I **must** understand that student is responsible for any tuition balance remaining

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY – DACA Review

Number of credits enrolled: _____ Tuition & Fees \$ _____ Other aid awarded \$ _____

Tuition & Fees – Other aid awarded = \$ _____ (Need)

Amount of Scholarship awarded \$ _____

Financial Aid GPA (ROANYUD): _____

Degree Program: _____

Decision: Approved Denied

Reviewed by: _____ Date: _____

If denied, reason for denial was:

Checklist:

- Completed 18/19 FAFSA & SCF Foundation Scholarship Application
- Completed a DACA tuition waiver
- Degree seeking student
- DACA in RRAAREQ (change status to 'A' for Approvals or 'D' for Denials)
- Comment in RHACOMM

Completed Checklist: _____ initials