New Applicant:	☐
Renewing FLAWI:	☐
Date received:	

Florida/West Africa Linkage Institute

OUT-OF-STATE TUITION EXEMPTION APPLICATION

(Typeor print clearly inblack/blueink)

Semester applying for: ☐ Fall ☐ Spring ☐ Summer

Deadline to apply for Fall (July 1); Spring (Dec. 1); Summer (April 1)

Personal Informatio n

Check one: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ 2 W K H U

Name:

(Last Name) (First Name) (Middle Name)

Social Security Number: Date of Birth (Month/Day/Year):

Citizenship: Passport #: Visa type:

Home Country Mailing Address:

U Q L W H G 6 W D W H V Mailing Address:

E-mail:

Telephone: (Day) (Evening)

Academic Information

Current Grade Point Average:

Are you currently enrolled in a Public Institution in Florida? ☐ Yes ☐ No

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: ☐ Yes ☐ No

If yes, please specify source and amount:

Source: Amount:

I certify that the information given in this application is complete and accurate.

Signature: Date: