



AFC and NSU Scholars Program Scholarship Application

STUDENT INFORMATION AND VERIFICATION

Full Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Daytime: _____ Evening: _____

Email Address: _____

Identify Abraham S. Fischler School of Education Program: _____

Community or State College Employed by: _____

Campus Location & Address: _____

Faculty: _____ Staff: _____ Title of Position: _____

Length of Time Employed at College: _____ Full-time: _____ Part-time: _____

Are you currently receiving an employer sponsored tuition reimbursement? Yes: ___ No: ___

If yes, amount: \$ _____ yr.

Verification of Membership – to be completed by AFC Chapter President or designate.

I confirm that _____ is an active member of the _____

_____ Chapter of AFC.

Name of Chapter President/designate (print): _____

Signature of Chapter President/designate: _____

Email: _____ Phone Number: _____ Date: _____

Submit to:
AFC/NOVA Scholars Program
113 East College Avenue
Tallahassee, Florida 32301