

Florida/West Africa Linkage Institute

OUTOF 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:		
UQLWHG 6WDWHV 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.

New Applicant:

Renewing FLAWI:

Date received: