

Miami-Dade County Public Schools School Operations Adult and Community Education Rapid Credentialing Scholarship Application Form

Term: Date:		Student I.D:	Student D.O.B: //
Last Name:	_ First Name:		Middle Name:
Address:		City:	Zip Code:
Phone Number:	E-mail Address	(Please Print Clearly):	
Select a Career Technical Education Prog	ram:		
 Automotive Collision Technology Automotive Service Technician Heating Ventilation Air Conditioning 			Phlebotomy
Applicants of this TUITION ONLY schol and the financial need for the Rapid Cr 1. 2020-2021 Student Aid Report with a 2. Supplemental Nutrition Assistance F 3. Supplemental Security Income (SSI) 4. Evidence of Unemployment Comper 5. Most recent signed tax return; or 6. W-2 Forms; or 7. Notarized Income Statement	redentialing Scholar on Expected Family C Program (SNAP) for Recipient; or	rship, provide any <u>ON</u> Contribution (EFC) of l	ess than 7001; or
I certify that all the above information is t documentation.	rue, and I understar	nd my application will	not be considered until I have supplied the required
			Student Signature
	—FOR	OFFICE USE ONLY—	
less than 300% of the Federal Poverty Guidelin This application for the Rapid Credential Approved Amount \$	nes issued by the Depa	been:	es must be returned to the student. *Household income is uman Services.
Disapproved Reason			
Financial Aid Officer Signature:		Da	te:
Principal or Designee Signature:		Da	te:

Business Office

Scholarship amounts for tuition should be deferred in Focus. The Focus invoice will be created and forwarded to Ms. Carlena Mitchell, Staff Specialist, Division of Adult and Workforce Education, for payment. All required documentation should be completed, approved, and maintained on file for audit purposes.