



ANNUAL STUDENT INFORMATION FORM

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone Number/Area Code: _____

Email Address: _____

Florida Prepaid Scholarship Account
Number: _____

Social Security Number: _____

Ethnicity: Caucasian ___ African-American ___ Hispanic ___ American Indian ___ Asian ___
Other ___.

PRE-SECONDARY EDUCATION INFORMATION:

Name of Foundation/Organization that awarded you your
scholarship: _____

Did you take/pass the 10th grade Florida Comprehensive Assessment Test
(FCAT)? _____

Did you meet all other requirements needed to receive the standard high school
diploma? _____

High School you graduated from: _____

If you did not meet all requirements needed to receive a standard high school diploma, did
you:

Participate in an accelerated high school equivalency diploma prep program during the summer and take/pass the College Placement Test?_____;

Will you be taking remedial or credit courses at a state community college?_____

Participate in a general education program and receive a GED (general education diploma) and take/pass the Florida Comprehensive Assessment Test (FCAT)?_____

POST-SECONDARY EDUCATION INFORMATION:

Florida Prepaid College Tuition Plan Type you received: 4-year University_____ 2+2_____ 2-year Community College_____

Florida Prepaid College Local Fee plan you received: 4-year University_____ 2+2_____ 2-year Community College_____ None_____

College you will/are attend(ing):_____

What is your anticipated major:_____

Anticipated year of college graduation:_____

Current GPA:_____

College credits completed to date:_____

Are you the first in your family to graduate high school?:_____

Are you the first in your family to go to college?:_____

Are/Will you (be) the first in your family to graduate college?:_____

Where are you living while attending college?: Dormitory_____ Fraternity/Sorority House_____ Apartment_____ At Home with parents_____ Other_____

Do you plan on working while attending college?:_____ Full-time_____ Part-time_____ Not Employed_____.

Please provide below additional information regarding your current plans for the future:_____

