

Statement of Intent Form

This scholarship was established through the generosity of Mr. Kenneth J. Curtis who was sincerely interested in providing students with the financial means to further their education. Basic qualifications and eligibility criteria include:

1. **LaBelle High School** graduate who has resided in western Hendry County for a minimum of two years.
2. **LaBelle High School** student graduating with a standard High School Diploma (not Certificate of Completion).
3. FAFSA filed by **MAY 1st**. A student may qualify for federal funding through the PELL grant. If so, federal monies will be applied first to tuition, fees, and books. If a student does not qualify for the PELL, the Curtis Scholarship will cover these expenses.
4. Plan to attend Florida SouthWestern State College within one year after High School graduation.
5. This scholarship may be granted for up to five semesters or 60 credit hours.
6. Student must carry a minimum of 12 credit hours per semester to receive this scholarship.

Cut and Return the form below to:

Florida SouthWestern State College - Hendy/Glades Center

Attn: Ashley Rollins, Financial Aid Specialist

1092 E. Cowboy Way, LaBelle, FL 33935

Email: ashley.rollins@FSW.edu

Phone: (863) 674-6026

Fax: (863) 675-7377

Personal Data

Full Name: _____

Student ID# (if applicable): _____ Date of Birth: _____

Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone#: _____ Alternate Phone#: _____

FAFSA

Have you filed the FAFSA? Yes No

Date you filed the FAFSA: _____

Please check one of the following:

_____ I accept the Isabella Curtis Memorial Scholarship. I understand that this award is renewed only when I have renewed FAFSA and complete verification (if applicable) prior to posting of scholarship, that I have met the Standard of Academic Progress such as 2.0 GPA, a completion of at least 2/3 of all classes attempted, and complete my educational program within five semesters.

_____ Thank you, but I do not accept this award. Please make it available to another qualified student.

_____ I do not plan to enroll at Florida SouthWestern State College. Please make it available to another qualified student.

 Student's Signature

 Date

RETURN FORM TO OFFICE OF STUDENT FINANCIAL AID