

**Pensacola State College
Dependent of a Retired or Disabled Faculty/Staff
Scholarship/Waiver Authorization
Board Policy 6Hx20-3.003**

Dependent Name: _____ Student ID #: _____

Retired/Disabled Employee Name: _____ Employee ID#: _____

This is to certify that I provide over 50 percent of the above named dependent's support and I am either retired or a retired-disabled Pensacola State College employee as determined by applicable Florida laws, regulations and Pensacola State College Board policy. I have been retired or retired-disabled for fewer than 5 years.

This dependent meets the admission requirements set by the Pensacola State College Board of Trustees, is making satisfactory academic progress and has not exceeded the maximum attempted credit hours time frame. This scholarship/waiver may be used for a maximum of 12 credits per semester. This scholarship/waiver authorization excludes supplemental, recreation and leisure, life-long learning, and special fees such as lab or music.

Number of college credits _____ Cost _____ Year/Term _____

Number of vocational credits _____ Cost _____ Year/Term _____

Dependent Signature: _____ Date: _____

Retired/Disabled Employee Signature: _____ Date: _____

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HUMAN RESOURCES OFFICE USE ONLY

I certify said employee meets the criteria of Board Policy 6Hx20-3.003 as established by the District Board of Trustees of Pensacola State College.

Human Resources Authorized Representative Date

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CASHIER'S OFFICE USE ONLY

Scholarship Account Number: 5-80030-00-0112-23800 Sequence: _____ Issue Amount: _____

Year/Term: _____ Data Entry Operator: _____