



FINANCIAL AID, VETERAN SERVICES, AND SCHOLARSHIPS State Employee Tuition Waiver Program

2019-2020

Florida law allows Pensacola State College to waive tuition and fees for State employees of the executive, legislative, and judicial branches of State government for up to six credit hours per term, on a space-available* basis. All other charges/fees (application fee, lab fee, distance learning fees, textbooks, etc.) are the student's responsibility. Students will be awarded a grade for the course attempted. No audit of the course will be approved.

Eligible State employees must present the State Employee Tuition Waiver Request Form, signed by the employee's supervisor, to the Financial Aid/Scholarships Office. Eligible state employees may obtain a form from the Financial Aid/ Scholarships Office on the Pensacola, Milton, or Warrington campus. Also, the waiver form may be downloaded from the following website: <http://www.pensacolastate.edu/financial-aid-links/>

First-time PENSACOLA STATE COLLEGE students, must complete the college admissions process by submitting an Admissions Application to the PENSACOLA STATE COLLEGE Admissions/Records Office, online or on campus. The one-time application fee must be paid online or at the Cashier Office on campus.

Follow the steps listed below to activate your use of the State Employee Waiver:

1. You must complete the State Employee Tuition Waiver form and have it signed by your supervisor. Submit the completed and signed form to the Pensacola State College Financial Aid/Veteran Services/Scholarship Office. To avoid delays, you may submit the form in one of three ways:
 - a. Fax the completed form to: (850) 484-2181
 - b. Mail the completed form to:
 Financial Aid/Veteran Services/Scholarships
 Pensacola State College
 1000 College Blvd.
 Pensacola, FL 32504
 - c. Drop off the completed form in the Financial Aid/Veteran Services/Scholarship Office on any one of the three campuses.
2. You **must** register for classes during the State Employee registration period listed below which defines the space available* timeframe.

***Registering and/or paying fees to hold a seat in a class prior to the space-available dates will forfeit your eligibility to use the waiver for that course/section.**

First eligible day to register using the State Employee Tuition Waiver Program:

| | FALL 2019 | SPRING 2020 | SUMMER 2020 |
|-----------|--------------------|------------------|---------------|
| Session A | August 21, 2019 | January 10, 2020 | May 11, 2020 |
| Session B | August 21, 2019 | January 10, 2020 | May 11, 2020 |
| Session C | September 11, 2019 | January 31, 2020 | June 9, 2020 |
| Session D | October 16, 2019 | March 6, 2020 | June 23, 2020 |

<http://pensacolastate.smartcatalogiq.com/en/2019-2020/Catalog>

(Intent to enroll at Pensacola State College)



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By completing this form you are notifying the institution of your intent to enroll at Pensacola State College. You will still need to complete the appropriate forms for admission and registration at the institution.

| | |
|-----------------------------|---|
| Employee Name | Student ID/Date of Birth |
| Agency | Agency Telephone # |
| Division | Bureau |
| Address of Agency | City, State, Zip |
| Agency Email Address | Term of Enrollment (check only one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |

| COURSES FOR WHICH REGISTRATION IS REQUESTED | | | | |
|--|-----------|----------|--------------|--------------|
| Indicate Section number, Course number, Course Title, and the number of credit hours for each. Choose four courses: two preferred and two alternate courses | | | | |
| | Section # | Course # | Course Title | Credit Hours |
| Preferred | | | | |
| Preferred | | | | |
| Alternate | | | | |
| Alternate | | | | |

By my signature below, I acknowledge the following:

- ◆ My waiver of tuition and fees will apply to no more than six credit hours per term
- ◆ I must register for classes during the State Employee registration period prescribed by the state or community college that I Plan to attend
- ◆ All other charges/fees (application fee, lab fees, distance learning fees, textbooks, etc.) are my responsibility
- ◆ My ability to secure the course I request depends on space availability

Student Signature _____ Date _____

Agency Authorization

I authorize the above-named employee to participate in the State Employee Tuition Waiver Program. I also certify that the above-named employee holds an established position with a full-time equivalency (FTE).

Printed name and title of Supervisor: _____

Signature of Supervisor: _____

Printed name and title of Agency Head (or designee): _____

Signature of Agency Head (or designee): _____

| Financial Aid/Veteran Services/Scholarships Office Use Only | | | | |
|--|---------------------------------|--|----------------------------|-------------|
| \$ | Amount input for specified term | (college credits \$92.70 + \$25 late fee) | | |
| \$ | Amount input for specified term | (vocational credits \$78.80 + \$25 late fee) | | |
| Waiver Account Number #1-81200-00-0020-68002 | Sequence Number | Year / Term | Data Entry Operator | Date |

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CFR 668.33; 34 CFR 668.36; 34 CFR 668.32(i) and 34 CFR 668.36

Rev. 7/2018