

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

Name: _____ Employee ID #: _____

Address: _____ Telephone: _____

City/State/Zip: _____

Number of college credits _____ Cost _____ Year/Term _____

Number of vocational credits _____ Cost _____ Year/Term _____

This is to certify that I am either a retired Pensacola State College employee or a retired-disabled Pensacola State College employee as determined by applicable Florida laws and regulations and Pensacola State College Board policy.

I meet the admission standards set by the Pensacola State College Board of Trustees and I am making satisfactory academic progress. I understand this scholarship/waiver is available to me for college credit, college preparatory credit, vocational credit, and vocational preparatory credit courses not to exceed 12 credit hours per standard term. I also understand this scholarship/waiver authorization excludes supplemental, recreation and leisure, life-long learning, and special fees such as lab or music.

Signature: _____ Date: _____

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

CASHIER'S OFFICE USE ONLY

Scholarship Account Number: 5-80030-00-0111-23800 Sequence: _____ Issue Amount: _____

Year/Term: _____ Data Entry Operator: _____