

STUDENT ID: _____

NAME: _____

**DAYTONA STATE COLLEGE
CENTER FOR WOMEN AND MEN-NEW DIRECTIONS
FALL 2017 APPLICATION AND CHECKLIST**

DUE DATE: OCTOBER 1, 2017

Please review the requirements below to verify that you are eligible to receive New Directions Funding.

FIRST-Students must complete a Free Application for Federal Student Aid (FAFSA) to determine Pell eligibility.

Student Population Served:

The New Directions program serves students in Associate of Science and Certificate Programs and fall into one of the categories listed below. **Select the category that applies to you.**

- Single Parents, including single pregnant women
- Displaced Homemakers (Be 35 years of age or older; have worked in the home providing unpaid household services for family members; not be adequately employed or earning a self-sufficient wage; have had, or would have, difficulty in securing adequate employment; have been dependent on the income of a family member but is no longer supported by the income, or have been dependent on federal assistance)
- Non-Traditional students (those in careers having less than 25% of their gender **(ex: Male students in Nursing, female students in Firefighting)**)
- Individuals with documented disabilities. Students will be required to submit proof of disability.

Eligibility-Students must:

- Demonstrate financial need not met by the Pell Grant or other scholarships
- Be enrolled in a program ineligible for financial aid
- Must have a cumulative GPA of 2.5 or higher. This does not apply to first time enrolled students.
- Must be enrolled in a minimum of six (6) semester hours

SECOND-Complete the application and attach copies of the documents listed below. If these documents are not attached, your application will be considered incomplete. Incomplete applications WILL NOT be considered.

Unofficial Transcript

Class Schedule

Submission of an application does not guarantee New Directions Funding. Awards are based upon the amount of available funds and the number of applicants that qualify for subsidies. If approved, you will be contacted by the Center for Women and Men staff.

NEW DIRECTIONS
FALL 2017 Application



THE CENTER FOR WOMEN AND MEN
Changing Lives...One Life at a Time

New Applicant Returning Applicant

APPLICANT INFORMATION			
Last Name	First	DSC ID #	
Address		Apartment/Unit #	
City	State	ZIP	
Primary Phone	DSC E-mail		
DEMOGRAPHICS			
Gender (Check one)	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Ethnic Background (Check all that apply)	<input type="checkbox"/> Caucasian (W) <input type="checkbox"/> African American(B) <input type="checkbox"/> Hispanic or Latino (H) <input type="checkbox"/> American Indian or Alaska Native (AI) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> Hawaiian or Other Pacific Islander (PI) <input type="checkbox"/> Two or More Races (TM)		
Marital Status (Check one)	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated		
Household Status (Check one)	<input type="checkbox"/> Female (dependent-live with parents/guardian) <input type="checkbox"/> Female (single head of household) <input type="checkbox"/> Female (single NOT head of household) <input type="checkbox"/> Female (Married) <input type="checkbox"/> Male (dependent-live with parents/guardian) <input type="checkbox"/> Male (single head of household) <input type="checkbox"/> Male (single NOT head of household) <input type="checkbox"/> Male (Married)		
Total household members (Include Yourself)			
How many dependents are in your household? (ex: children)			
COLLEGE HISTORY			
Have you ever attended any other college (s)	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(please note the cumulative GPA must be a minimum 2.5)</i>		
List any certificate(s) or degree(s) previously earned			
Indicate your classification	<input type="checkbox"/> Freshman (0-30 credit hrs) <input type="checkbox"/> Sophomore (31-60 credit hrs) <input type="checkbox"/> Junior (61-90 credit hrs) <input type="checkbox"/> Senior (91+ credit hrs)		
What is your major/program of study			
Expected date of graduation (MM/YYYY)			
<i>Are you any one of the following (check all that apply)</i>			
Previous Center for Women & Men Client	<input type="checkbox"/> NO <input type="checkbox"/> YES		
If yes, which program?			
A First Generation College Student (Neither one or your parents/legal guardian completed a 4yr College Degree)	<input type="checkbox"/> NO <input type="checkbox"/> YES		
INCOME INFORMATION			

PLEASE INITIAL THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING:

I understand that the goal of the New Direction scholarship is to assist me with educational expenses so that I can succeed in completing credits towards my degree program.

I understand that a mid-term evaluation is essential to my award through the New Directions program. Failure to provide the mid-term evaluation will prevent me from receiving future awards.

I understand and give permission for the Center for Women and Men to access my personal financial and academic information. Records include student financial aid information, income level, other grants received, transcripts, course grades, and other related documents.

I understand that the Center for Women and Men will report funding information to the Financial Aid Department which may affect eligibility of other aid.

I confirm that the information I have provided to determine my eligibility to receive funding through the Daytona State College's Center for Women and Men New Directions Program is accurate. I understand that providing false information will result in repayment of money for assistance for which I was not entitled.

REMINDER: THE APPLICATION PACKET IS "INCOMPLETE" UNTIL ALL DOCUMENTS ARE SUBMITTED.

Student's Signature: _____ Today's Date (MM/DD/YY): _____

***** NEXT PAGE *****

MUST BE COMPLETED BY THE FINANCIAL AID
Print this document and take it to the Financial Aid Office

***(IF THE FINANCIAL AID FORM IS NOT SUBMITTED
YOUR APPLICATION
WILL BE INCOMPLETE!)***

NEW DIRECTIONS

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**THE CENTER FOR
WOMEN AND MEN**
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FINANCIAL AID VERIFICATION FORM

Dear DSC Financial Aid Officer:

The below student has applied for the New Directions program for **FALL 2017** semester. Please complete the financial information below to assist with determining eligibility.

Thank you in advance for your prompt cooperation.

Last Name		First Name	
DSC ID #		Birth Date	
Anticipated credit hours:	Fall Term	Spring Term	Summer Term
Is student eligible for Federal Pell Grant?	<input type="checkbox"/> YES: Indicate Semester Amount: \$ _____ <input type="checkbox"/> NO		
Will student be receiving loans?	<input type="checkbox"/> YES: Indicate Semester Amount: \$ _____ <input type="checkbox"/> NO		
Is student eligible for a book voucher?	<input type="checkbox"/> YES: Indicate Semester Amount \$ _____ <input type="checkbox"/> NO		
Student's total cost of attendance for the semester:		Student's unmet need for the semester:	
\$		\$	
Student's 2015 filing status:	<input type="checkbox"/> Single <input type="checkbox"/> Married file jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) with dependent child		
Student's total number of exemptions claimed:		Student's Expected Family Contribution (EFC):	
Name:	Ext.	Date:	

**PLEASE RETURN THIS FORM TO THE CENTER FOR WOMEN AND MEN
DB CAMPUS: BLDG. 300 / RM. 227**