The attached documents must be completed, signed, and submitted to our Admissions office ASAP (Permission to Access Academic Information Form, Residency Affidavit Form, Refund Policy Form, Supplemental Packet).

The Residency Form requires two types of documentation which are required to verify state residency. (You are considered **Independent** if you are over 24, or if you are under 24 and file your income taxes as head of household. Otherwise, you are considered **Dependent** if you are under 24).

Please submit the following:

All completed paperwork

- Copy of your Florida Driver's License or State ID. (Dependents must also submit parent's/legal guardian's) Florida Driver's License.
- Vehicle Registration **OR** your Voter ID Card (If you are Dependent, submit parent/legal guardian vehicle Registration or Voter ID).
- Refer to the columns Tier 1/Tier 2 on the Proof of Residency document for other proofs of residency.

Your Social Security number is required for financial aid services.

Please submit all required documentation by one of the following methods:

- 1. Visit the Admissions office Mon-Thurs 7:30 am 6:00 pm or Friday 7:30 am 3:00 pm to submit. (Must have a government issued form of identification to enter the building).
- 2. Place in an envelope addressed to **ADMISSIONS** and put in the drop box at MTC main entrance.
- 3. Send by mail to: Marion Technical College 1014 SW 7th Road, Ocala, Fl. 34471 (Certified mail is suggested for tracking)

If you have any questions, contact student services @352-671-4134. We look forward to serving you!

Applicant Nar	me:		Program:		
		MA TECHNI	RION		
Student #:			Info Session	Date Attended:	
	(CAREER PROGRAM APPL	ICATION CHECKLIST		
Please mak will be retur	e sure you have a	ttached <u>ALL</u> the items below befo	re turning in your application.	Incomplete applications	
	Discussed Age re	equirements (if under 18 years of a	age)		
	residency dated 1	ncy Affidavit form and provide co I2 months prior to the first day of e acceptable proofs of residency)		•	
	Provide your Offic	cial High School Transcript or GE	D Transcripts (sealed and unor	pened).	
	Provide a copy of your Driver's License.				
	Social Security N	umber Requirements My Vary – S	ee Student Services		
	Complete Permission to Access Academic Information.				
· · · · · · · · · · · · · · · · · · ·	Supplemental application (Program specific).				
	Refund Policy(18 or under must have parent's signature)				
	\$20.00 Non-Refundable Application Fee (Must be paid at the time submitting application). All debit & credit				
	transactions will in	clude a 2.75% processing fee.			
	If required, this tes	quired if the program is over 450 h st MUST be taken within six weeks of fee that MUST be paid at the time of	of starting the program.		
		STAFF NO	OTES:		
Application	Submission Date	Initials of Student Services Staff	Date Clerk Received	RECIEPT #	

- An Equal Opportunity School District -

PROOF OF RESIDENCY

At least two of the following documents must be submitted with dates that show the **12-month qualifying period**. Additionally, there must be no information contradicting the applicant's claim of residency. Proofs must be provided by the individual claiming Florida residency.

If claiming residency as a dependent or spouse, proofs of residency must be provided by the claimant, not the student.

Acceptable Documents to Prove In-State Tuition Eligibility

First Tier (at least one of the two documents submitted <u>must</u> be from this	Second Tier (may be used in conjunction with one document from First Tier)
list)	
State of Florida Driver's License	Declaration of Domicile in Florida
State of Florida Identification Card	A Florida professional or occupational license
State of Florida Voter's Registration Card	Florida incorporation
State of Florida Vehicle Registration	Proof of membership in Florida-based charitable or professional organizations
Proof of Purchase of a permanent home in Florida that is occupied as the	Utility bills and proof of 12 consecutive months of payments (Must show <u>all</u>
permanent residence	consecutive 12 months)
Proof of Homestead Exemption in Florida	Lease agreements and proof of 12 consecutive months of payments
Transcripts from a Florida high school for multiple years (If Florida high school	State of Florida court documents evidencing legal ties in Florida
diploma or GED was earned within last 12 months)	
Proof of full-time employment in Florida on company letterhead (One or more	Benefit histories from Florida agencies or public assistance programs
jobs for at least 30 hours per week for a 12-month period)	

Unacceptable Documents (cannot be used)		
Library Card		
Hunting or Fishing License		
Car Insurance		
Health Insurance		
Shopping Club or Rental Card		
Birth Certificate		
Passport		

Helpful Contact Numbers for Marion County

- Marion County Public School Records (352) 671-7750 (Transcripts)
- Marion County Supervisor of Elections (votemarion.com) (352) 620-3290 (Voter's Registration)
- Marion County Clerk of Court (352) 671-5630 (Declaration of Domicile, Court Documents, etc.)
- Marion County Tax Collector (352) 368-8200 (Driver's License, ID's, Vehicle Registration)
- Marion County Property Appraiser (352) 368-8300 (Homestead Exemption)
- MTC Student Services Direct Line (352) 671-4134
- MTC Student Services Fax Number (352) 671-7249
- MTC Financial Aid (352) 671-7203



* USE BLUE INK

Authorization to Access Academic / Financial Aid Information

Effective Date:			Official Use Only Student ID#
Student's Name		Last E	our SS#
Student's Name: (Last)	(First)	Last F0 (MI)	our SS#
PLEASE CHECK THE PERMISS		_	
I give permission to release an personally identifiable information permission at any time by make Permission granted to: (PLE.)	ation to the individual(s) listering a written request.		
Name:	R	Relationship:	
Name:	R	Relationship:	
Name:	F	Relationship:	
☐ I decline permission to release EMERGENCY CONTACT:	and /or discuss my academic	c information.	
Name:		Relationship:_	
Address:			
Phone Number:			
Email Adress:			
Student Signature:			
Form Rev: October 2021			

Residency Affidavit Form

Florida Residents: Complete this section <u>in full</u> if you claim Florida residency for tuition purposes. Attach required documentation (if any).

- If under 24 years of age, a copy of your and/or your parents' most recent tax return or other documentation may be requested to establish independence.
- A copy of marriage certificate is required in **all cases** of a spouse claiming a partner's residency.

B. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least the past 12 consecutive monthsC. I am a dependent person who has resided for five years with an adult relative other than my parent or legal guardian, and my relative has maintained le	
residence in Florida for at least the past 12 consecutive months. (Required: Copy of most recent tax return on which you were claimed as a dependent o proof of dependency.)	
D. I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence	ce and
intend to make Florida my permanent home. (Required: Copy of marriage certificate and other documents required to establish residency.)	
E. I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less that establishing Florida legal residence.	n 12 months ago and am now re-
F. According to the U.S. Citizenship and Immigration Services, I am a permanent resident alien or other legal alien granted indefinite stay and have mainta	ined a domicile in Florida for at
least the past 12 consecutive months. (Required: USCIS documentation and proof of Florida residency status.)	inica a domicile in Florida for at
G. I am a member (or the spouse/dependent child of) of the Armed Services of the United States, and am currently stationed in Florida on active military du	ity pursuant to military orders, or
whose home of record is Florida. (Required: Copy of military orders or DD2058 showing home of record.)	
H. I am a full-time instructional or administrative employee (or the spouse/dependent child of) employed by a Florida public school, community college or	institution of higher education.
(Required: Copy of employment verification.) I. I am part of the Latin American/Caribbean Scholarship Program. (Required: Copy of scholarship papers.)	
i. Fam part of the Latin American/Caribbean Scholarship Program. (Required: Copy of Scholarship papers.)J. I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s.1009.98, F.S.) (Required: Copy of Florida prepaid recipient card.)	
K. I am a U.S. citizen (or the spouse/dependent child of) living on the Isthmus of Panama and have completed 12 consecutive months of college work at the	FSU Panama Canal Branch.
(Required: Copy of marriage certificate or proof of dependency.)	
L. I am a Southern Regional Education Board's Academic Common Market graduate student. (Required: Certification letter from state coordinator.)	
M. I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or political subdivision for	the purpose of job-related law
enforcement or corrections training. Person claiming residency must complete this section in full.	
Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the start of the term	
Additional documentation also may be requested. All documentation is subject to verification.	
Additional documentation also may be requested. All documentation is subject to verification.	
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX	-XX-
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Claimant's Relationship to Student: Claimant's Telephone	-XX- Number:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Claimant's Relationship to Student: Claimant's Telephone	-XX-
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Apt: City	-XX- Number:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Relationship to Student: Claimant's Telephone Claimant's Voter Registration Number:	Number:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Apt: City Claimant's Voter Registration Number: Claimant's Driver's License Number:	Number: Zip Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number:	I-XX- Number: Zip Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Claimant's Relationship to Student: Claimant's Telephone Florida residency Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Provide a copy of bo	I-XX- Number: Zip Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Non US Citizens Only Resident Alien Number: Provide a copy of bo sides of your card	Issue Date: Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Provide a copy of bo sides of your card I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification and the checked category above for classification and the checked category above for classification and category above for classification and category above for classifi	Issue Date: Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Provide a copy of bo sides of your card I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification and the checked category above for classification and the checked category above for classification and category above for classification and category above for classifi	Issue Date: Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Non US Citizens Only Resident Alien Number: I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition postatement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, F.S., and to 6C-6.001(6), F.A.C.	Issue Date: Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Provide a copy of bo sides of your card I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification as a Florida resident for tuition provided in the checked category above for classification and the checked ca	Issue Date: Issue Date: Issue Date: Issue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Apt: City Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Provide a copy of bo sides of your card I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition patternent in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, F.S., and to 6C-6.001(6), F.A.C.	Issue Date: Issue Date: Issue Date: Issue Date: Ussue Date: Ussue Date: Ussue Date: Ussue Date: Ussue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Non US Citizens Only Resident Alien Number: I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition processed in the statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, F.S., and to 6C-6.001(6), F.A.C.	Issue Date: Issue Date: Issue Date: Issue Date: Ussue Date: Ussue Date: Ussue Date: Ussue Date: Ussue Date:
Additional documentation also may be requested. All documentation is subject to verification. Student Name: Student Date of Birth: Student SSN: XXX Name of person claiming Florida residency Claimant's Relationship to Student: Claimant's Permanent Florida Address: Claimant's Voter Registration Number: Claimant's Driver's License Number: Claimant's Vehicle Decal Number: Non US Citizens Only Resident Alien Number: Provide a copy of bosides of your card I do hereby swear that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition provided in the staffidavit will subject me to penalties for making a false statement pursuant to 837.06, F.S., and to 6C-6.001(6), F.A.C. Signature Date Non-Florida Residents: I understand that I do not qualify as a Florida resident for tuition purposes for the term to which I have applied. I also understand that if I should qualify for	Issue Date: Issue Date: Issue Date: Issue Date: Ussue Date: Ussue Date: Ussue Date: Ussue Date: Ussue Date:

- An Equal Opportunity School District -

Marion Technical College Refund Policy

Marion Technical College has fair and equitable procedures for the refund of tuition, fees, and other charges uniformly administered and published in the MTC catalog. These procedures comply with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations. All refunds shall be accounted for, and audit trails maintained in accordance with Chapter 8 of the Financial and Program Cost Accounting and Reporting for Florida Schools (AKA – Red Book). Refunds, when due, will be made without requiring a request from a student and will be processed within 45 days; students with VA Education Benefits will be processed in 40 days.

1. Refunds for Programs/Class/Courses Cancelled by the Institution:

A. Tuition and fees collected in advance of the start date of a program and the institution cancels the class, the institution refunds 100% of the tuition and fees collected.

2. Refunds for Students Who Withdraw on or Before the First Day of the Term:

A. If tuition and fees are collected in advance of the start date of classes and the student does not begin classes or withdraws on the first day of class, no more than \$100 of the tuition and fees may be retained by the institution.

3. Refunds for Students Enrolled Prior to Visiting the Institution:

A. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three days following either attendance at a regularly scheduled orientation or following a tour of the facilities and inspection of the equipment.

4. Refunds for Withdrawal After Term Commences:

- A. Tuition refunds for students enrolled in CCP programs of 600 hours or greater are as follows:
 - 1. If a student withdraws during the first five (5) days of the term 100% of tuition and lab fees will be refunded.
 - 2. If a student withdraws after the fifth day of the term there will be no refund.
- B. Tuition refunds for students enrolled in CCP programs of <u>less</u> than 599 hours are as follows:
 - 1. If a student withdraws during the first three (3) days of the term -100% of tuition and lab fees will be refunded.
 - 2. If a student withdraws after the third day of the term there will be no refund.

5. <u>Refunds for Students Enrolled in Continuing Workforce Education, Community Enrichment Classes</u> or Limited Contract Classes:

A. All fees are non-refundable for courses related to Continuing Workforce Education (CWE), Community Enrichment Classes or Limited Contract Classes.

6. <u>Students Administratively Dismissed:</u>

A. Students administratively dismissed will not be eligible for a refund.

7. Waiver, Voucher and Agency Payment:

A. Students who pay fees but are entitled to a waiver, voucher or agency payment shall be entitled to a refund of fees only if required evidence is presented to the school within fifteen (15) school days of the beginning of a term.

8. Additional Refund Policies:

- A. \$50 processing fee will be charged except for an administratively cancelled Program.
- No refunds on books, supplies, insurance, fingerprinting, or testing fees.
- Application fees are non-refundable.
- No refund will be given for fees used to purchase required program professional liability insurance.
- No refunds will be made until ALL financial obligations have been verified by appropriate personnel.

- If student tuition has been paid by MTC Financial Aid or a sponsoring agency, the refund will be returned to the MTC Financial Aid fund or the agency that sponsored the student. Students are responsible for any unpaid tuition and fees.
- When a student withdraws and is due a refund, the refund will be processed within 45 days; students with VA Education Benefits will be processed in 40 days. No funds will be held for future use.
- Payments made by credit/debit card will be refunded to the same credit/debit card used for payment. Convenience fees will not be refunded on credit/debit card transactions. Cash/check payments will be refunded by a school district check. The check will be made payable and mailed to the name on the original receipt.
- Official transcripts will be held until ALL debts owed to the school are paid.
- Students who feel they have been treated unfairly may appeal using the student grievance procedure as presented in the Student Handbook.
- AGE/ESOL –No refunds after the third scheduled day of class.

Date	Signature	
	Print Name	



Overview of Financial Aid at Marion Technical College (2023-2024)

The following is a brief overview of the financial aid programs accepted and/or available here at Marion Technical College (MTC). Financial aid information forms and applications are available in the financial aid office and on our website @ www.MarionTC.edu. All Financial Aid Students are required to maintain satisfactory academic progress (SAP) pursuant to federal regulation 668.34; the policy is available in the financial aid office and on our website. Please visit or contact the financial aid office @ 352-671-7203 for more information, questions, or assistance on any of these financial aid programs

Federal Pell Grant - permits an eligible student to receive up to \$7,395.00, in a clock-hour program of 900 hours or more, for the 2023-2024 academic year. to cover educational expenses. Award amounts for programs less than 900 clock hours are prorated down based on the number of hours. Pell funds are awarded on a graduated scale according to an (EFC)-estimated family contribution. An FSA ID username and password are necessary for both student and parent (if dependent), to log in and complete the FAFSA application. This can be obtained @ www.studentaid.gov. You must list our school code 031039 as a school of interest for the financial aid office to determine eligibility. Follow up with the financial aid office 3-5 days after you complete your application. The disbursement award for the year is split into payment periods based on program hours.

The Federal Supplemental Educational Opportunity Grant (FSEOG) - may provide additional grant money to a student's financial aid package based on financial need. Unlike Pell Grants, the amount of this grant depends not only on financial need but also on other aid sources and the availability of funds allocated to the school. To be considered, the student must be a United States Citizen or eligible noncitizen, not have obtained a bachelor's degree or beyond, not have a Federal Pell Grant overpayment, not be in default on any Federal Student Loans, have a current (2023-2024) FAFSA with a 0 EFC on file and enrolled in a Pell-eligible Program. The financial aid office awards the funds equitably.

Office of Student Financial Assistance (OSFA) – The Florida Department of Education Office of Student Financial Assistance (OSFA) can help students attain information and apply for state financial aid. In addition, according to Florida statute, students may also be eligible for tuition and fee waivers and exemptions. To be considered, a student **must submit** a completed Florida Financial Aid Application @ www.floridastudentfinancialaid.org, be a Florida resident, a U.S. citizen or eligible non-citizen, the student must not owe a repayment or be in default under any state or federal grant, loan, or scholarship program unless satisfactory arrangements to repay have been made.

<u>Veterans Education Benefits (VA)</u> - provides education benefits to eligible veterans and their families. Apply for Education Benefits (22-1990) or change (22-1995) online VA website @ <u>www.benefits.va.gov/benefits/</u>. Provide DD-214, COE & all prior transcripts for benefits to request a 60-day deferral if needed.

<u>Career Source</u> – A non-profit organization that provides several assistance programs for funding tuition fees to eligible applicants. The eligible programs and applications are available online @ <u>www.careersourceclm.com</u>. Career Source requires a FAFSA on file to be considered for assistance.

<u>Local Organization/Individual Scholarships</u> – Various Scholarships are awarded for academic excellence, ethnicity, special talents, or the special interest or circumstances of the students. Please inform the financial aid office if you have such an award and the information pertaining to award.

Marion Technical College Financial Aid - Marion Technical College financial aid is available for eligible students entering qualifying programs. Marion Technical College financial aid covers only a portion of tuition cost, based upon EFC range and fund availability. Application is available to interested parties. Please contact the financial aid office for information and details of availability, requirements, and eligibility. Requires an error-free (2023-2024) FAFSA on file to be considered.

<u>Other Forms of Aid</u> Central FL Community Action Agency, Horatio Alger Association Mike Rowe Scholarships, Native American Tribal Scholarships, Summer Glen Veterans Scholarships, Vocational Rehabilitation (VR), Women of W.R.E.C. Scholarship.

Web site for Florida Scholarships

https://www.scholarships.com/financial-aid/college-scholarships/scholarships-by-state/florida-scholarships/

Marion Technical College **does not participate in any student loan programs**; however, students can apply for a private education loan.