

UWF IT ACADEMY

WIRED Grant Scholarship Application

PAGE 1 of 2 (print all completed pages and fax back to 850-474-2134)

Scholarships are awarded based on an applicant's need and his/her ability to successfully complete the MCSA Security + course. The amount of available funds is limited. Preference is given to Florida residents who plan to work in the state within the next 5 years.

Please complete the following documents:

- Complete, sign and fax an IT Academy **Student Information Sheet and Registration Request** form to 850-474-2134.
- Complete, sign and fax an IT Academy **WIRED Grant Scholarship Application form** to 850-474-2134.
- Complete a **UWF Student Application** online at <https://secure.uwf.edu/admissions/secure/xap/xappage1.cfm>

Important instructions for completing the Non-Degree Seeking application:

- Question 13: Select **Engineering Technology** as your "area of study."
- Save your confirmation number.
- Fax the appropriate residency documentation to UWF.

Full name: _____ Are you a resident of the State of Florida? [] YES or [] NO

Identify the county in which you reside: _____

Email: _____@_____. _____ DOB: ____/____/_____

Have you completed a UWF non-degree seeking student application? [] YES or [] NO

List your confirmation number here: _____

Do you have daily access to your own computer: [] YES or [] NO

How much memory is installed on this PC? _____

What kind of Internet access do you have?

List all relevant I.T. certifications:

Describe your IT background:

Describe why you are requesting the scholarship:

If employed, will your employer Endorse/encourage your coursework at UWF? [] YES or [] NO

Describe why your skills and work experience will help you succeed in the course? _____

May we contact your current or previous employer for a reference?

[] YES or [] NO

Are you able to devote two nights per week in class, and study the labs outside of class in order to successfully complete the program?

[] YES or [] NO

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WIRED Scholarship Policy

Scholarships are awarded based on an applicant's need and his/her ability to successfully complete the course. The amount of available funds are limited. Preference is given to Florida residents who plan to work in the state within the next 5 years. By accepting the scholarship, the student acknowledges that those funds are no longer available for another applicant; therefore, the **student is committed to utilizing the award and completing the IT Academy program.**

I _____ have read and I understand the "WIRED Scholarship Policy" applicable
print full name

to the IT Academy and I **have completed all paperwork** pertaining to my registration. If my paperwork is not submitted in time to meet UWF deadlines, I understand that I will be responsible for any fees incurred. UWF reserves the right to cancel this course. If course is cancelled, participants will be notified. UWF also reserves the right to postpone this course and/or change instructors. I understand that I am requesting to enroll in this class and that additional registration documentation may be required.

Signature of Applicant:

Date Signed by Applicant:

_____/_____/_____

Please fax form to: University of West Florida, Continuing Education, 11000 University Parkway, Pensacola, FL 32514

Learner Support Center: Phone 1-850-473-7468; fax: 1-850-474-2134; or call toll free 1-888-529-1823 Email: ngislason@uwf.edu

IT Academy Office Use Only

Applicant Awarded a Scholarship: [] YES or [] NO

Date Awarded: ____/____/_____

Amount Awarded \$ _____

Balance of Tuition Due \$ _____

Balance Due Date: ____/____/_____ Are there any academic holds on this student's record? [] YES or [] NO

Authorized Signature: _____

Director of IT Academy

Notes: _____