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

Dependent Name: __________________________________ Student ID #:______________________
Retired/Disabled Employee Name: _____________________ Employee ID#: ____________________

This is to certify that I provide over 50 percent of the above named dependent’s support and I am either retired or a retired-disabled Pensacola State College employee as determined by applicable Florida laws, regulations and Pensacola State College Board policy. I have been retired or retired-disabled for fewer than 5 years.

This dependent meets the admission requirements set by the Pensacola State College Board of Trustees, is making satisfactory academic progress and has not exceeded the maximum attempted credit hours time frame. This scholarship/waiver may be used for a maximum of 12 credits per semester. This scholarship/waiver authorization excludes supplemental, recreation and leisure, life-long learning, and special fees such as lab or music.

Number of college credits __________  Cost __________  Year/Term __________
Number of vocational credits __________  Cost __________  Year/Term __________

Dependent Signature: _______________________________________  Date: ______________
Retired/Disabled Employee 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: 5-80030-00-0112-23800          Sequence: _________  Issue Amount: __________
Year/Term: __________  Data Entry Operator: ____________________________

Dep.retired-disabledwaiver.frm
04/11