OPTIONAL FORM – STIPEND APPLICATION FOR ECONOMICALLY DISADVANTAGED STUDENTS ONLY

2017 YOUNG SCHOLARS PROGRAM FLORIDA STATE UNIVERSITY

The applicant is responsible for collecting ALL application components (forms I, II, III, and IV, including an official transcript) and mailing them in a single 9x12" manila envelope.

Applications must be postmarked by February 15, 2017. Students will be notified by May 15, 2017.

To make certain that no one is precluded from participating in the Young Scholars Program because of financial need, we are pleased to announce the availability of YSP Stipends. These need-based stipends are to be awarded to outstanding students who are selected for participation in the 2017 Young Scholars Program and who are <u>verified</u> by their high schools as having **SIGNIFICANT financial need.**

The Young Scholars Program is funded by Florida State University and we are pleased to be able to offer a total of 40 positions for the 2017 program, for which the costs of room, board, and academic tuition for every participant are fully covered. This equates to an <u>automatic</u> scholarship in the amount of over \$3000.00 for each and every student, <u>without the submission</u> of this form.

Still, it is likely that some outstanding Florida high school students might not compete for admission to the program because they and their families cannot afford the additional expenses that must be borne by the participant. Stipends may be available for such economically disadvantaged students, and these stipends cover:

Textbooks: If placed in courses that require textbooks, those textbooks would be furnished for stipend recipients by the program (maximum of \$150). Textbooks will be the student's to keep.

Commitment Fee: If students make a firm commitment and are selected for a stipend, the commitment fee to hold their position upon acceptance will be waived.

Travel: The costs of stipend recipients for their travel <u>to</u> and <u>from</u> Tallahassee are covered, following the guidelines below. *Food and lodging during travel are not covered*.

IF CHOOSE TO DRIVE: The stipend would be awarded as a reimbursement check mailed after successful completion of the program. The amount is based on the Florida mileage table used by FSU for your travel **TO** Tallahassee at the start of the program and your travel **FROM** Tallahassee when the program is over. The return mileage for these trips is not covered (read: you do not receive reimbursement when <u>you</u> the student are not physically doing the traveling).

IF CHOOSE TO FLY: We would make your plane reservations for you and pay for the fare. Before purchasing, we would confirm with you and your parents that the flight that we have chosen works logistically for you. We would then email your flight confirmation. This is a NONREFUNDABLE fare. Once we purchase a ticket for you, if for any reason you have to cancel your participation in this summer's program, YOU WILL BE RESPONSIBLE FOR PAYING FOR THE PLANE TICKET. In other words, once your ticket is purchased, your commitment to the Young Scholars Program is firm.

The application for the YSP Stipend (see reverse) is to be completed by the applicant and his or her parents and then submitted to the appropriate high school guidance counselor and principal for verification by the school. The verified application should be submitted by the student, along with the other application documents, to the Young Scholars Program at Florida State University.

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NOTE: Since we are not asking for family income information, it is important that applicants who request the additional stipend do indeed have **significant financial need**, defined as being **unable** to attend the Young Scholars Program unless this additional support is made available (see reverse side). **This fact must be verified by the school.**

I. APPLICANT SECTION	
Applicant Name	
High School	
Signature of Parent or Leg	gal Guardian affirming significant financial need:
Signature	Date
Name of Parent or Guardian	1
Relationship to Applicant _	
E-mail	Phone ()
	ON SECTION med above has significant economic need and would be unable to ogram unless he or she obtains this additional support.
Counselor	<u>Principal</u>
Signature	Signature
Name	Name
Date	Date
High School	
Email	Email
Phone ()	Phone ()