



FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400
Fax: 1-850-245-0875 Email: schoolchoice@fldoe.org
School Choice Information Hotline: 1-800-447-1636



STUDENT REQUEST TO PARTICIPATE Workforce Education Scholarship Pilot Program

Instructions: 1. Complete the first 3 sections of this form and fax or mail to this office.
2. Fax or mail copies of Payment Authorization Affidavit.

STUDENT

Name _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____ Zip _____ County _____

Contact Phone # _____ E-mail _____

Social Security # _____ - _____ - _____ Gender Male Female

Race (optional) White, Non Hispanic Black, Non Hispanic Hispanic Asian or Pacific Islander
American Indian/Alaskan Native Multiracial Other

Last High School attended _____ Location _____

Current High School, if different _____ Location _____

Does the student have a Documented Disability? Yes No

Has the student graduated from High School (Regular or Special Diploma)? Yes No

Supported Employment Services Provider (Employer)

Name of Employer _____ Federal Employer Identification Number _____

Street Address _____ City _____ State _____ Zip _____ County _____

Supervisor Name _____ Supervisor Phone # _____ Supervisor E-mail _____

Does the student receive pay for work done with the Supported Employment Services Provider? Yes No

- If yes, list rate of pay: \$ _____ per _____

Designated Parent / Guardian (if applicable)

Name _____ Social Security # _____ - _____ - _____

Relationship to student _____

Street Address _____ City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____ E-mail _____

Request Submitted By _____ Date _____

FOR OFFICE USE ONLY

Eligibility

Approved Entered by _____ Date _____ Confirmation # _____

Denied Reason _____