

**NONPROFIT SCHOLARSHIP-FUNDING ORGANIZATION**  
**PARTICIPATION APPLICATION FOR STATE UNIVERSITIES**  
**AND INDEPENDENT COLLEGES OR UNIVERSITIES**



If your nonprofit state university or independent college or university desires to participate, please complete this form and submit it to the Department of Education with information as requested below.

If you have any questions, contact the Office of Independent Education and Parental Choice at: Telephone (850) 245-0502 or FAX (850) 245-9134 or by mail to: 325 W. Gaines Street, Suite 1044, Tallahassee, FL 32399-0400.

**INFORMATION REQUIRED ABOUT YOUR ORGANIZATION**

(Name of School)

(Principal Contact)

(E-mail)

(Phone)

(Fax)

(Mailing Address)

(Mailing Address Cont.)

(City)

(Zip Code)

(Name of Principal Officer or Legal Representative)

**SFO ASSURANCES / VERIFICATION**

WHICH BEST DESCRIBES YOUR ORGANIZATION? (Circle one)

State University

Independent University

Independent College

WHICH SCHOLARSHIP PROGRAM(S) DOES YOUR ORGANIZATION PLAN TO ADMINISTER?

- Florida Tax Credit Scholarship Program
- Family Empowerment Scholarship
- Hope Scholarship Program
- Reading Scholarship Program
- New Worlds Reading Initiative

**TO BE CONSIDERED AS AN ELIGIBLE SFO, PLEASE SUBMIT THE FOLLOWING DOCUMENTATION TO THE DEPARTMENT OF EDUCATION:**

- A signed IEPC SFO-3 form
- A copy of your IRS Determination Letter as a 501(c)(3)
- Proof of your organization's eligibility to participate in the William L. Boyd, IV, Florida Resident Access Grant Program
- Proof of your organization's accreditation by the Commission on Colleges of the Southern Association of Colleges and Schools

**PLEASE REVIEW THE FOLLOWING DECLARATIONS:**

- Our organization has read and agrees to comply with Florida Administrative Code 6A-6.0960 related to the Florida Tax Credit Scholarship Program.
- Our organization has read and agrees to comply with Sections 1002.394, 1002.395, 1002.40, 1002.411, and 1003.485, F.S. if applicable.

**I HEREBY ATTEST THAT AS THE PRINCIPAL OFFICER OF THE ABOVE NAMED SCHOLARSHIP FUNDING ORGANIZATION, ALL OF THE DOCUMENTATION SUBMITTED AND INFORMATION PROVIDED TOGETHER WITH THIS FORM IS TRUE AND CORRECT. BY SIGNING THIS FORM I ATTEST TO THE ABOVE DECLARATIONS.**

\_\_\_\_\_  
*Signature of Principal Officer*

\_\_\_\_\_  
*Please print or type signature name*

\_\_\_\_\_  
*Date*

NOTARIZATION ENCOURAGED

**FOR DOE PURPOSES ONLY:**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Action: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

SFO Notified: \_\_\_\_\_ DOR Notified: \_\_\_\_\_ DABT Notified: \_\_\_\_\_

*NOTE: Section 1002.395, F.S., requires the Department of Education to annually notify and provide a list of eligible Scholarship Funding Organizations to the Department of Revenue and the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation.*