

Miami-Dade County Public Schools

School Operations Adult and Community Education

Rapid Credentialing Scholarship Application Form

Term:	Date:/ /	Student I.D:	Student D.O.B: / _/
Last Name:	First Name:		Middle Name:
Address:		City:	Zip Code:
Phone Number:	E-mail Add	ress (Please Print Clearly):	
Select a Career Technical E	ducation Program:		
	collision Technology		Patient Care Assistant
 Automotive Service Technician Heating Ventilation Air Conditioning 			 Phlebotomy Commercial Vehicle Driving
2. Supplemental Nutritio 3. Supplemental Security	d Report with an Expected Far on Assistance Program (SNAP or Income (SSI) Recipient; or or went Compensation; or		
5. Most recent signed ta:	x return; or		Household Size
6. W-2 Forms; or 7. Notarized Income Stat	tement		Annual Household Income \$
I certify that all the above i documentation.	nformation is true, and I unde	erstand my application wil	l not be considered until I have supplied the required
			Student Signature
	-	-FOR OFFICE USE ONLY—	

Financial Aid Office

All social security numbers must be redacted prior to retaining a copy. Original documents must be returned to the student. *Household income is less than 300% of the Federal Poverty Guidelines issued by the Department of Health and Human Services.

This application for the Rapid Credentialing Scholarship has been:

Approved	Amount \$	
Disapproved	Reason	
Financial Aid Officer	Signature:	Date:
Principal or Designe	e Signature:	Date:

Business Office

Scholarship amounts for tuition should be deferred in Focus. The Focus invoice will be created and forwarded to Ms. Carlena Mitchell, Staff Specialist, Division of Adult and Workforce Education, for payment. All required documentation should be completed, approved, and maintained on file for audit purposes.