



WAYCROSS COLLEGE

Where Great Futures Begin.

APPLICATION FORM

David Johns Fund for Students with Learning Disorders

Student Name: _____

Street/P.O. Box Address _____

City: _____ Zip Code: _____ Social Security #: _____

Home telephone #: _____ Work Telephone #: _____

Number of completed WC quarter credit hours: _____

Number of completed WC semester credit hours: _____

Number of completed transfer credit hours: _____ (circle quarter or semester hrs)

Current cumulative grade point average: _____

I am currently a (please select one):

Learning Support Student Freshman (30 semester hours) Sophomore (30+ semester hours)

I anticipate being a student at Waycross College for the following number of semesters:

one two more than two

Have any extenuating circumstances taken place since filing of the Free Application for Federal Student Aid Form? If so, please elaborate (use back if necessary):

I understand that to be eligible for funding from the David Johns Fund for Students with Learning Disorders I must submit a Free Application for Federal Student Aid Form and the above information prior to consideration. I give permission to the Director of Student Services, the Coordinator of Testing, Counseling, and Student Development, and the Learning Disorders Fund Committee to review my financial standing. I understand that this information is confidential within the Review Committee.

Signature/Date

If you disagree with the finding of the Committee, you may appeal to the Director of Development and Community Services in writing within five working days.

(FOR OFFICE USE ONLY) FEDERAL FINANCIAL AID #: _____

Approval for partial funding? Yes No Need additional information

Funding level approved: _____

Initials and date of signature of Committee Members: _____