

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.

SUBMIT BY: SEPTEMBER 1, 2023

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)

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
- New Worlds 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 Florida Statutes Section 1002.385, Section 1002.395, Section 1002.40 and Section 1002.411, 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 AS A RESULT OF 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 the Department of Revenue and the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation with a list of eligible Scholarship Funding Organizations.