

Mark Roesser Technical and Vocational Sponsorship Application

Date of application: _____

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apartment Number: _____

City/State/zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

School/Licensing Agency Information

Technical/Vocational School attending: _____

Mailing Address: _____

City/State/zip: _____

Course of Study: _____

Date of Graduation/Projected Date of Completion: _____ GPA: _____

Licensing Agency (if applicable): _____

Mailing Address: _____

City/State/Zip: _____

Phone number: _____

Itemized Program Expenditures Requested

Tuition: \$ _____ Books/Tools: \$ _____

Fees: \$ _____ Licensure/certification: \$ _____

Other: \$ _____

Additional Documentation Required

- Proof of Duval County residency. (I.e. utility bill, mortgage/rental agreement, etc.)
- Proof of qualifying disability. (I.e. determination letter from SSA/DVR/DBS)
- Proof of high school diploma or GED from a Duval County school or program.

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- Transcript of grades. Applicants must include high school, vocational-tech or college transcripts of grades from each school attended. Grade reports are not accepted.
- Official proof of enrollment in an approved technical/vocational program.
- Graduation information/document from an approved program and requesting funds for licensure/certification. (If Applicable)
(Approved programs include but not limited to, farming & agriculture, fire science, heavy equipment operation, HVAC, machinery, manufacturing, pipefitting, plumbing, and welding)
- A minimum of 250 to a maximum of 500 words essay explaining how your disability has affected your life and how this scholarship will assist you in obtaining your career goal.
- Two (2) professional reference letters.
- If receiving services through Division of Vocational Rehabilitation or Division of Blind Service, you must submit current counselor contact information
 - o Counselor Name: _____
 - o Counselor Contact Number: _____
 - o Agency: _____

My signature certifies that the information provided in this application packet is true and I am aware that the information provided will be verified. It also shows my understanding that if a sponsorship is provided that the funds will be paid directly to the vendor or state/local government entity in the case of licensure/certification fees, and I am only eligible for one sponsorship per lifetime.

Applicant Signature

Date

Official Use Only

Date application received: _____

Date additional documentation received: _____

Missing documentation if application received date and additional documentation date is different:

Date additional documentation was verified: _____

Staff member responsible for verification: _____