

Pay-It-Forward: LICENSE/CERT FEE AID Authorization Form

tudent Name: RaiderNet ID Number: R			
Student Financial Needs and Purpose of	f Award:		
STUDENT: AGREEM	ENT & SUBMISSIO	N OF THANK YOU	LETTER
1) I certify I need a fee advancement, a	and I will take the exa	m in a timely manner.	
2) I understand that the fee will be paid	I understand that the fee will be paid directly to the licensing/certification agency.		
3) I pledge to submit a "thank you" lett	ter and a photograph	to the RSCC Foundation	on within ten (10)
business days, and if I fail to do so it	may result in the aw	ard being forfeited.	
I understand that this letter/photo n	nay be shared with th	ne Foundation Board o	f Directors, donors
and/or social media.			
 Student Signature		 Date	
Address:	City		7in
Roane State Email Address	City	State	Zip
Preferred Email Address		 Phone	
Student: Submit "Thank	You Letter" to: rssc	holarships@roanestate	e.edu
		, ,	
FACULTY/STA	FF: VERIFICATION	/ CERTIFICATION	
l,, understa	and that these funds	are very limited, and	d I certify that this is
a student in good academic standing			
and upon completion will have fulfilled	•	•	
Amount requested for student Finish	Line Scholarship: §	§	
Attack a convert the remark from F	Dagraa Warka	/initial	h. Dagamanandad
 Attach a copy of the report from E Financial Aid has been Verified: 			
- I manda Ad has been vermed		(II II CI	al- i mandiai Aid)
Instructor Name: (Please Print & Sign)		Title / Date	
,			
Program Director: (Please Print & Sign)		 Date	
rrogram Director. (Flease Frint & Sign)		Date	
/			
RSCC Dean (Please Print & Sign)		Date	
J			
Foundation Authorization: (Please Print & Sign)		Date	

Submit Completed Form: rsscholarships@roanestate.edu