



Transforming Lives.
Strengthening community.
Inspiring excellence.

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

Student Name: _____ RaiderNet ID Number: **R** _____

Graduation Date & Semester funds are needed (mo/yr): _____

Student: List **Program/Pathway:** _____

Briefly describe financial reason, needs and purpose of request (attach addl page if more space needed):

STUDENT: AGREEMENT & SUBMISSION OF THANK YOU LETTER

- 1) I certify I need a fee advancement, and I will take the exam in a timely manner.
- 2) I understand that the fee will be paid directly to the licensing/certification agency.
- 3) I pledge to submit a “thank you” letter and a photograph to the RSCC Foundation within **ten (10) business days**, and if I fail to do so it may result in the award being forfeited.
- 4) I understand that this letter/photo may be shared with the Foundation Board of Directors, donors and/or social media.

Student Signature _____ **Date** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Roane State Email Address _____

Preferred Email Address _____ **Phone** _____

Student: Submit “Thank You Letter” to: rsscholarships@roanestate.edu

FACULTY/STAFF: VERIFICATION/ CERTIFICATION

I understand that these funds are very limited, and I certify that this is a student in good academic standing who needs assistance to complete their licensing/certification exam

Roane State Community College Foundation awards the student an Exam/Licensing fees scholarship in the amount of: **Exam:** \$ _____ **License:** \$ _____ **Total:** \$ _____

Degree Works Attached: _____ *(Recom by Initial) | Financial Aid has been Verified: (RSF)*

Instructor Name: (Please Print & Sign) _____ **Date** _____

Program Director: (Please Print & Sign) _____ **Date** _____

Dean of Department: (Please Print & Sign) _____ **Date** _____

Foundation Authorization: (Please Print & Sign) _____ **Date** _____

Staff: Submit this completed form to rsscholarships@roanestate.edu

Last Updated: 8/1/25