



DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
 DIVISION OF VOCATIONAL REHABILITATION (DVR)
 POST SECONDARY INSTITUTIONS OF HIGHER EDUCATION

Customer Financial Aid Information

DVR STAFF NAME
DVR STAFF CONTACT INFORMATION
Phone: _____
Fax: _____
Email: _____

1. To be completed by DVR (and then sent to student's college Financial Aid Office)

STUDENT'S NAME (LAST, FIRST, MI)		STUDENT SCHOOL ID NUMBER	COLLEGE NAME
FAFSA STATUS <input type="checkbox"/> Dependent <input type="checkbox"/> Independent	TERM TYPE <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Other:	ENROLLMENT TERM(S) <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Winter 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	

Optional: For Student with Disability-Related Educational Expenses
 Request increase to cost of attendance (COA) \$ _____; Reason:

Permission to Release

I, _____, authorize the above named school to disclose to the Division of Vocational Rehabilitation the information requested. I further authorize DVR to release limited* information about my status as a DVR participant for the purposes of collaborating financial aid award data. I understand this information will be used to determine if DVR funding will be provided toward my training or the amount of DVR funding toward my training expenses. I understand this release will expire at the end of the above identified enrollment period.

*** Note: I understand that a separate, additional release is needed to disclose any specific disability data or information**

STUDENT'S SIGNATURE	DATE
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2. To be completed by College Financial Aid Office (and returned to DVR)

<p>a. Cost of Attendance (COA) per quarter or term:</p> <p>Tuition and fees \$ _____</p> <p>Books and supplies \$ _____</p> <p>Room and board \$ _____</p> <p>Transportation \$ _____</p> <p>Personal expenses \$ _____</p> <p>Child care \$ _____</p> <p>Other (disability-related, etc.) \$ _____</p> <p>Total COA \$ _____</p>	<p>c. Gift Aid Awarded per quarter or term:</p> <p>Federal Pell Grant \$ _____</p> <p>Federal SEOG \$ _____</p> <p>State Need Grant \$ _____</p> <p>College Bound Scholarship \$ _____</p> <p>Tuition waiver \$ _____</p> <p>Scholarship(s) – need based \$ _____</p> <p>Other gift aid \$ _____</p> <p>Total Gift Aid \$ _____</p>
<p>b. Expected Family Contribution (EFC) per quarter or term:</p> <p>\$ _____</p>	<p>d. Need per quarter or term:</p> <p>1) COA \$ _____</p> <p>2) EFC \$ _____</p> <p>3) Gift Aid Awarded \$ _____</p> <p>Total Unmet Need before loans or work study</p> <p>Subtract 2) and 3) from COA \$ _____</p>

e. Potential Self-Help Aid per quarter or term:

Stafford Loan \$ _____

Perkins Loan \$ _____

Federal Work Study \$ _____

State Work Study \$ _____

Other self-help aid \$ _____

Total Self-Help Aid \$ _____

f. Student is not eligible for Financial Aid:

Did not apply.

Did not complete Financial Aid application requirements.

Felony conviction resulting in ineligibility.

Defaulted on prior aid and is not in good standing.

Other:

This aid is based on student enrollment as: Full time ¾ time ½ time Less than half time

Additional information:

FINANCIAL AID OFFICER'S SIGNATURE		DATE	PRINT NAME HERE
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS

3. To be completed by DVR (and returned to student's College Financial Aid Office)

Education Resources Provided by DVR per quarter or term:

Tuition assistance \$ _____

Books and supplies \$ _____

Transportation \$ _____

Child care \$ _____

Other educational costs \$ _____

Total Educational Resources Provided by DVR per quarter or term

\$ _____

DVR resources approved for enrollment term: Fall 20__ Winter 20__ Spring 20__ Summer 20__

Additional information:

4. To be completed by College Financial Aid Office (then returned to DVR as final)

Final Award Determination:*

No changes to original aid package.

Award modified as follows (attach copy of revised award letter).

Additional information:

* By law, gift aid cannot be reduced as a result of DVR funding so long as unmet need is not exceeded.

FINANCIAL AID OFFICER'S SIGNATURE		DATE	PRINT NAME HERE
PHONE NUMBER	FAX NUMBER		EMAIL ADDRESS