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| Transforming Lives 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 INFORMATIONPhone: 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 STATUSDependent Independent | TERM TYPEQuarter Semester Other: | ENROLLMENT TERM(S)Fall 20 Winter 20  | Spring 20  | 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 |  |
| **2. To be completed by College Financial Aid Office (and returned to DVR)** |
| **a. Cost of Attendance (COA)** per quarter or term:Tuition and fees $ Books and supplies $ Room and board $ Transportation $ Personal expenses $ Child care $ Other (disability-related, etc.) $ **Total COA** $  | **c. Gift Aid Awarded** per quarter or term:Federal Pell Grant $ Federal SEOG $ State Need Grant $ College Bound Scholarship $ Tuition waiver $ Scholarship(s) – need based $ Other gift aid $ **Total Gift Aid** $  |
| **b. Expected Family Contribution (EFC)** per quarter or term:$  | **d. Need** per quarter or term: |
| 1) COA $  |
| 2) EFC $  |
| 3) Gift Aid Awarded $  |
| **Total Unmet Need before loans or work study** |
| Subtract 2) and 3) from COA $  |

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| **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: Additional information: | Full time | ¾ time ½ | time | Less than half time |
| 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 Additional information: |  | Spring 20  | Summer 20  |
| **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 |