# Customer Financial Aid Information

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

<table>
<thead>
<tr>
<th>STUDENT'S NAME (LAST, FIRST, MI)</th>
<th>STUDENT SCHOOL ID NUMBER</th>
<th>COLLEGE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollments Term(S)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>STUDENT'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

## 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 $____________________

### b. Expected Family Contribution (EFC) per quarter or term:

$____________________

### 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 $____________________

### d. Need per quarter or term:

1) COA $____________________
2) EFC $____________________
3) Gift Aid Awarded $____________________

**Total Unmet Need before loans or work study** Subtracted 2) and 3) from COA $____________________
### e. Potential Self-Help Aid per quarter or term:

<table>
<thead>
<tr>
<th>Aid Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stafford Loan</td>
<td>$</td>
</tr>
<tr>
<td>Perkins Loan</td>
<td>$</td>
</tr>
<tr>
<td>Federal Work Study</td>
<td>$</td>
</tr>
<tr>
<td>State Work Study</td>
<td>$</td>
</tr>
<tr>
<td>Other self-help aid</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Self-Help Aid</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

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

Additional information:

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### 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:

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

**Education Resources Provided by DVR per quarter or term:**

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition assistance</td>
<td>$</td>
</tr>
<tr>
<td>Books and supplies</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Child care</td>
<td>$</td>
</tr>
<tr>
<td>Other educational costs</td>
<td>$</td>
</tr>
</tbody>
</table>

**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:

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### 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.

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CUSTOMER FINANCIAL AID INFORMATION  
DSHS 14-449 (REV. 11/2014)