|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 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  Dependent Independent | TERM TYPE  Quarter 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 $ | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |