

STUDENT FINANCIAL AID REPORT

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Medicaid benefits but does not provide an SSN or apply for one will not be able to get benefits. SSNs and personally identifiable information will be used only for the direct administration of the Medicaid program.

AGENCY USE ONLY

Case Name		Case Number		
Worker Name		Worker Telephone		County/Tribal Agency
Address – Street/P.O.Box		City	State	Zip Code

Student Name		Student Telephone Number		Social Security Number
Address – Street		City	State	Zip Code
School				

Numbers 1 Through 7, To Be Completed by Student Financial Aid Officer.

- Has the student applied for financial aid? Yes No
- Has the award letter been signed and returned to the school? Yes No
 If the answer is "no", to questions 1 or 2, please sign and date here and return to the county/tribal agency listed above.

Signature _____ Date Signed _____

- Is the student enrolled at least half-time? Yes No
- Does the curriculum normally require a high school diploma or equivalent? Yes No
- What are the beginning and end dates of the current semester/trimester? From _____ To _____
- List gross amount of assistance, by semester/trimester and date of availability.

Type	Amount	Date	Amount	Date	Type	Amount	Date	Amount	Date
NDSL	\$		\$		JTPA*	\$		\$	
WSL/ GSL	\$		\$		VET*	\$		\$	
PELL	\$		\$		DVR*	\$		\$	
WHEG.	\$		\$		CWSP	\$		\$	
WTG	\$		\$		OTHER	\$		\$	
SEOG	\$		\$		OTHER	\$		\$	

7. Budget items covered by student aid.

Tuition	\$	Books	\$	Other	\$
Mandatory Fees	\$	Miscellaneous	\$		\$
a. Origination & loan fees	\$	Personal Expenses	\$		\$
b. Curriculum specific costs	\$	Transportation	\$		\$

SIGNATURE - Financial Aid Officer	Date Signed
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STUDENT AUTHORIZATION TO SHARE INFORMATION - I authorize the exchange of information between the county/tribal agency listed above, and the Student Financial Aid Office of the listed school. Information regarding the kinds and amounts of aid which I am receiving or I am eligible to receive through each program may be exchanged. I will be provided with a copy of any and all information exchanged between either agency upon my request.

SIGNATURE - Student	Date Signed
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*County, contact the financial aid agency for the dollar amount.