

First Name: _____ Last Name: _____ Current Term: _____

Student Id: _____ Phone #: _____ Last 4 digits of SS#: _____

Student Signature Release: _____ Date: ____ / ____ / ____

I have applied for the federally-funded, Education and Training Voucher (ETV) Program for the current term to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to the program:

MUST BE COMPLETED BY FINANCIAL AID OFFICE CURRENT TERM ONLY!

Preparer's Signature: _____ Print Name: _____ Date ____/____/____

Direct Phone #: _____ Email Address: _____

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|---|--|
| <p>Current Term: <i>Fall Winter Spring Summer</i></p> <p># of Credits: _____</p> <p>Total owed to school after financial aid: \$ _____</p> <p>Student refund after financial aid: \$ _____</p> <p>Tuition/Fees per term: \$ _____</p> | <p>School Name: _____</p> <p>Campus: _____</p> <p>Cost of Attendance per term: \$ _____ * As defined by the Higher Ed Act - tuition, fees, room, board, transportation, supplies, etc*</p> |
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Has student completed the FAFSA: Yes No Pell Grant Amount Received (per term): \$ _____

*No Pell indicate why: EFC too high Academic Suspension Pending Verification Ineligible why: _____

Does student live on campus? No or Yes \$ _____ Does student have a meal plan? No or Yes \$ _____

Tuition Waiver: \$ _____ Perkins Loans \$ _____

Subsidized Loans \$ _____ Unsubsidized Loans \$ _____

Grant/scholarships (current term only):

1.) _____ \$ _____

2.) _____ \$ _____

3.) _____ \$ _____

PLEASE EMAIL FORM TO: COETVpaperwork@statevoucher.org
Questions? (720) 279-4135