

To: _____	From: _____
Address: _____ _____	Address: _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
RE: Name: _____	

The person listed above has indicated that he/she is receiving educational assistance. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Information Requested:

Is this educational institution on the  Quarter System  Semester System

Financial Aid Given to the Student	\$ Amount	Period of Time it Covers
Pell Grant	_____	_____
Federal Supplemental Educational Opportunity Grand (FSEOG)	_____	_____
GI Bill	_____	_____
Federal Work Study Program	_____	_____
Vocational Rehab	_____	_____
Other	_____	_____

What is the amount of tuition charged per term? \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ Date \_\_\_\_\_