

**COLLEGE/UNIVERSITY
FINANCIAL AID
INFORMATION - A**

OUTCOME

Reset Form

Print Form

Outcome Date

Credential/Degree Earned

- ☐ General Equivalency Diploma (GED)
- ☐ High School Diploma
- ☐ Professional Certification
- ☐ Vocational/Technical School
- ☐ Associates
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other

Highest Level of Education

- ☐ No Formal Schooling
- ☐ Elementary Education (Grades 1-8)
- ☐ Secondary Education, No High School Diploma (Grades 9-12)
- ☐ Special Education Certificate of Completion/ Diploma or in Attendance
- ☐ High School Graduate or Equivalency Certificate (GED)
- ☐ Post-secondary Education, No Degree or Certificate
- ☐ Post-secondary Academic Degree, Associates Degree
- ☐ Vocational/Technical Certificate
- ☐ Bachelor's Degree
- ☐ Occupational Credential beyond Undergraduate Degree Work
- ☐ Master's Degree
- ☐ Occupational Credential beyond Graduate Degree Work
- ☐ Any Degree above a Master's -e.g. Ph.D., Ed.D., J.D.

Student Name

Participant ID

Certification/Major

Comments:

SEMESTER DETAILS

From Date

Credits Earned

GPA

To Date

Total Credits

Cum. GPA

**Term, Semester, Quarter,
Time Frame**

- ☐ Fall ☐ Spring
- ☐ Winter ☐ Summer

Status

- ☐ Withdraw
- ☐ Semester Completed
- ☐ Graduated
- ☐ Did not meet OVR requirements

Comments:

SECTION 1

Student Name

Student Address

Student ID

Terms

☐ Fall ☐ Winter ☐ Spring ☐ Summer

Type of Course

☐ Graduate ☐ Undergraduate

Is a Community College located within 50 Miles one-way of Student's primary residence?

☐ Yes ☐ No ☐ Waiver applied

Academic Year

Education/Training Provider

Education/Training Provider Phone

Provider Location Address

Supervising District Office

Supervising Counselor

Is this student full-time or part-time?

☐ Full-Time ☐ Part-Time

Number of Credits to Graduate

Degree

Major

Program Type

☐ Agricultural Sciences

☐ Arts and Architecture

☐ Business

☐ Communications

☐ Earth and Mineral Sciences

☐ Education

☐ Engineering

☐ Health and Human Development

☐ Technology

☐ Computer Science

☐ Law

☐ Liberal Arts

☐ Mathematics

☐ Medicine

☐ Nursing

☐ Science

☐ Other

College Type

☐ Graduate College or University

☐ Four-Year College or University Training

☐ Junior or Community College Training

☐ Occupational or Vocational Training

Commuter

☐ Yes ☐ No

Type of School

☐ Private/State Related ☐ Community College/SSHE School

Is the student a recipient of SSI/SSDI benefits?

☐ Yes ☐ No

**Complete this item only if student travels to and from his/her primary residence to school
(OVR's definition of a commuter student)**

Commuter Transportation

☐ Public Transit

☐ Para Transit

☐ Auto

☐ Other

Round Trip Mileage:

Allowance per Mile (\$) 0.25:

Number of Days:

Transportation Allowances (Actual):

Number of Weeks:

Transportation Allowance:

☐ Policy Exception (SSI/SSDI) Follow procedure outlined in the OVR Training Policy for SSA beneficiaries.

Student Release Statement: I hereby request the release to the Office of Vocational Rehabilitation of all information necessary to complete the items listed in this form. This information will be used solely for the purpose of determining the amount of financial aid that OVR can provide and will remain confidential unless released by me in writing.

Student Signature

Date

Parent Signature (only necessary if student is under age 18)

Date

SECTION 2

TO BE COMPLETED BY COLLEGE/UNIVERSITY

1. Tuition and Fees:	\$		5. Pell Grant:	\$	
2. Estimated Books & Supplies:	\$		6. PHEAA Grant:	\$	
3. Dormitory Rate Room & Board:	\$		7. Other Grants & Scholarships	\$	
4. Institutional Aid:	\$		8. Student Aid Index (SAI)	\$	

***If SAI is negative, enter "0" (zero)**

Is student in default status? ☐ Yes ☐ No

Has the Student completed more than 2 years of Full-Time matriculation (non-remediation)? ☐ Yes ☐ No

Time frame to which this information applies:

From Date	To Date	Anticipated Graduation Date

Is student maintaining federal academic progress?
☐ Yes ☐ No **If No, Customer is not eligible for OVR College/University assistance.**

Cumulative GPA

Is this student Full-Time or Part-Time?
☐ Full-Time ☐ Part-Time

	Fall	Winter	Spring	Summer
Number of Credits (optional):				

Financial Aid Administrator Name

Financial Aid Administrator Phone

Financial Aid Administrator Email

Financial Aid Administrator Signature

Date

Comments:

SECTION 3

TO BE COMPLETED BY COUNSELOR GRANT COMPUTATION

Community College within 50 miles of primary residence - Non-SSA use the Non-SSA first two year calculation.

	Tuition & Fees (Item 1, Section 2):	\$	
PLUS	Estimated Books & Supplies (Item 2, Section 2) (\$500 Max):	\$	
PLUS	Dormitory Rate Room & Board (Item 3, Section 2):	\$	
OR			
PLUS	OVR Transportation Allowance (25 cents per mile) (Section 1):	\$	
MINUS	Institutional Aid (Item 4, Section 2):	\$	
MINUS	PELL Grant (Item 5, Section 2):	\$	
MINUS	PHEAA Grant (Item 6, Section 2):	\$	
MINUS	Other Grants & Scholarships (Item 7, Section 2):	\$	
MINUS	Student Aid Index (SAI) *If SAI is negative, enter "0" (zero) (Item 8, Section 2):	\$	
EQUALS	OVR Contribution (Maximum Contribution or actual amount if less than Maximum Contribution)	\$	

Community College within 50 miles of primary residence - SSA use the SSA first two year calculation.

	Tuition & Fees (Item 1, Section 2):	\$	
PLUS	Estimated Books & Supplies (Item 2, Section 2) (\$500 Max):	\$	
PLUS	Dormitory Rate Room & Board (Item 3, Section 2):	\$	
OR			
PLUS	OVR Transportation Allowance (25 cents per mile) (Section 1):	\$	
MINUS	Institutional Aid (Item 4, Section 2):	\$	
EQUALS	Net Cost:	\$	
	SSHE Cost:	\$	
	Net Cost or SSHE average allowable costs, whichever is less:	\$	
MINUS	PELL Grant (Item 5, Section 2):	\$	
MINUS	PHEAA Grant (Item 6, Section 2):	\$	
MINUS	Other Grants & Scholarships (Item 7, Section 2):	\$	
EQUALS	OVR Contribution	\$	

Counselor Signature

Date

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program