



New Student Continuing Student Returning Student

Student Name: _____ ID# _____ SS# ____ - ____ - ____

Program: _____ Start Date: ____/____/____

G.P.A _____ Semesters Completed: _____ Graduation Date: ____/____/____

Prequalification is based on a review of:

Processes by: _____ Signature: _____ Date: ____/____/____

maximum award \$1500 per semester

degree completion GPA

credits scheduled in semester

meeting SAP

FOR OFFICE USE ONLY

Financial Aid Associate Director: _____ DATE: ____/____/____

Approved _____ Denied _____

Financial Aid Director: _____ DATE: ____/____/____

Approved _____ Denied _____

Final Determination (Financial Aid Director)

Approved Denied/Explanation: _____

Amount of Grant: _____ Semester dates for Grant distribution ____/____/____ - ____/____/____