



FINANCIAL AID VERIFICATION FORM

STUDENT NAME: _____ STUDENT ID or SSN: _____

SEMESTER _____ YEAR _____

STUDENT FEES

- 1 Tuition and Fees \$ _____
2 Meal Plan \$ _____
3 Room & Board \$ _____
4 Books \$ _____
5 Other Fees \$ _____

TOTAL FEES \$ _____

AMOUNT OF AID AWARDED

- 6 Pell Grant \$ _____
7 Federal Grant \$ _____
8 Federal SEOG \$ _____
9 Federal ACG Grant \$ _____
10 State Funded Grant \$ _____
11 Other Grant \$ _____
12 ILP Assistance \$ _____
13 Scholarship \$ _____
14 Scholarship \$ _____

TOTAL AID \$ _____

STUDENT BALANCE \$ _____

I certify that I am authorized to provide the above stated information on behalf of _____ and that the information provided is correct.
(college/university)

Print Name _____

Date _____

Signature _____

Title _____

Please include actual fees.