

KANSAS CAREER TECHNICAL WORKFORCE GRANT VERIFICATION FORM 2020-2021



★ LEADING HIGHER EDUCATION ★

| | | |
|---|------------------|----------------------|
| Student's Last Name _____ | First Name _____ | Middle Initial _____ |
| Date of Birth ____ / ____ / _____ Student's Email Address _____ | | |

Verification sections below must be completed by the institution's Financial Aid Office

Please complete and return to: Kansas Board of Regents, SFA, 1000 SW Jackson St, Suite 520, Topeka, KS 66612

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|--|--|
| Does the student have a FAFSA on file? _____ | |
| Did the student receive a Kansas high school diploma or a Kansas State High School Diploma issued upon successful completion of the GED® Test? _____ | |
| Is the student considered a Kansas resident at your institution? _____ | |
| Is the student in student loan default? ____ Does the student owe money to the USDE for a Pell overpayment? _____ | |
| ◆ Please identify the student's technical certificate or AAS program of study _____ | |
| ◆ And the corresponding CIP Code _____ | |
| <hr/> | |
| Is student enrolled in one of the eligible approved programs for the Career Technical Workforce Grant? Yes ____ No ____ | |
| In what semester will/did the student's program of study begin? Fall _____ Spring _____ | |
| Number of hours enrolled for Fall 2020 semester _____ Number of hours enrolled for Spring 2021 semester _____ | |

NEED ANALYSIS for 2020-2021

| | |
|----------------------------------|--|
| PELL _____ | COA _____ |
| SEOG _____ | EFC _____ (-) |
| Stafford Loan _____ | TOTAL AID |
| Perkins Loan _____ | Unmet Need (=) |
| Federal Work Study _____ | Is the student in good standing? Yes ____ No ____ |
| Institutional Scholarships _____ | |
| Third-Party Scholarships _____ | |
| Other Aid _____ | |
| TOTAL AID | |

| | |
|---------------------|-------------|
| SFA Signature _____ | Date _____ |
| Print Name _____ | Phone _____ |
| Institution _____ | |