

# KANSAS CAREER TECHNICAL WORKFORCE GRANT VERIFICATION FORM



★ LEADING HIGHER EDUCATION ★

### Student please enter your Name and Email

Student Last Name _____	Student First Name _____	Middle Initial _____
Date of Birth ____/____/____		Student 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

<p>Does the student have a FAFSA on file? _____</p> <p>Did the student receive a Kansas high school diploma or a Kansas State High School Diploma issued upon successful completion of the GED® Test? _____</p> <p>Is the student considered a Kansas resident at your institution? _____</p> <p>Is the student in student loan default? _____ Does the student owe money to the USDE for a Pell overpayment? _____</p> <p>◆ Please identify the student's technical certificate or AAS program of study _____</p> <p>◆ And the corresponding CIP Code _____</p> <hr/> <p>Is student enrolled in one of the eligible approved programs (page 4) for the Career Technical Workforce Grant? Yes No ___</p> <p>In what semester <b>will/did</b> the student's program of study begin? Fall _____ Spring _____</p> <p># of hours enrolled for <b>fall</b> semester _____ # of hours enrolled for <b>spring</b> semester _____</p>
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### NEED ANALYSIS

PELL _____ SEOG _____ Stafford Loan _____ Perkins Loan _____ Federal Work Study _____ Institutional Scholarships _____ Third-Party Scholarships _____ Other Aid _____	COA _____ EFC _____ (-) TOTAL AID _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">                     Unmet Need                      (=)                 </div>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                 TOTAL AID             </div>	

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