

TO:
Name: _____

FROM:
Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

RE:
Name: _____

The person listed above has indicated that he/she is receiving Workman’s Compensation. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Information Requested:

Is this educational institution on the Quarter System Semester System

Financial Aid Given to the Student	Amount	Period of Time it Covers
Pell Grant	\$ _____	_____
Federal Supplemental Educational Opportunity Grand (FSEOG)	\$ _____	_____
GI Bill	\$ _____	_____
Federal Work Study Program	\$ _____	_____
Vocational Rehab	\$ _____	_____
Other	\$ _____	_____
What is the amount of tuition charged per term?	\$ _____	_____

Signature of Authorized Representative _____

Title _____ Phone _____

Fax _____ E-mail _____ Date _____