

**BUSINESS TRADE/
TECHNICAL SCHOOL
FINANCIAL AID INFORMATION**

Reset Form

Print Form

Outcome Date

Credential/Degree Earned

- | | |
|--|------------------------------------|
| ☐ General Equivalency Diploma (GED) | ☐ Bachelors |
| ☐ High School Diploma | ☐ Masters |
| ☐ Professional Certification | ☐ Doctorate |
| ☐ Vocational/Technical School | ☐ Other |
| ☐ Associates | |

Student Name

Participant ID

Certification/Major

Highest Level of Education

- | | |
|---|---|
| ☐ No Formal Schooling | ☐ Vocational/Technical Certificate |
| ☐ Elementary Education (Grades 1-8) | ☐ Bachelor's Degree |
| ☐ Secondary Education, No High School Diploma (Grades 9-12) | ☐ Occupational Credential beyond Undergraduate Degree Work |
| ☐ Special Education Certificate of Completion/Diploma or in Attendance | ☐ Master's Degree |
| ☐ High School Graduate or Equivalency Certificate (GED) | ☐ Occupational Credential beyond Graduate Degree Work |
| ☐ Post-secondary Education, No Degree or Certificate | ☐ Any Degree above a Master's -e.g. Ph.D., Ed.D., J.D. |
| ☐ Post-secondary Academic Degree, Associates Degree | |

SEMESTER DETAILS

From Date

Credits Earned

GPA

To Date

Total Credits

Cum. GPA

Term, Semester, Quarter, Time Frame

- | | |
|---------------------------------|---------------------------------|
| ☐ Fall | ☐ Spring |
| ☐ Winter | ☐ Summer |

Status

- ☐ Withdraw
- ☐ Semester Completed
- ☐ Graduated
- ☐ Did not meet OVR requirements

Comments:

SECTION 1**Student Name****Student Address****Student ID****Student Phone****Academic Year****Terms**☐

Fall

☐

Winter

☐

Spring

☐

Summer

Business, Trade or Technical School Name**School Address****School Phone****Supervising District Office****Supervising Counselor****Is this student full-time or part-time?**☐

Full-Time

☐

Part-Time

Number of Credits to Graduate**Degree****Major****Program Type:**

- ☐ Agricultural Sciences
- ☐ Arts and Architecture
- ☐ Business
- ☐ Communications
- ☐ Earth and Mineral Sciences
- ☐ Education
- ☐ Engineering
- ☐ Health and Human Development
- ☐ Technology

- ☐ Computer Science
- ☐ Law
- ☐ Liberal Arts
- ☐ Mathematics
- ☐ Medicine
- ☐ Nursing
- ☐ Science
- ☐ Other

College Type:

- ☐ Graduate College or University
- ☐ Four-Year College or University Training
- ☐ Junior or Community College Training
- ☐ Occupational or Vocational Training

Commuter☐

Yes

☐

No

Commuter Transportation (if answered "yes" above)

- ☐ Public Transit
- ☐ Para Transit
- ☐ Auto
- ☐ Other

Round Trip Mileage:

Number of Days:

Number of Weeks:

Transportation Allowance (Allowance per Mile \$0.25)

Is this program eligible for Financial Aid (PELL/PHEAA Grants)☐

Yes

☐

No

Student Release Statement: I hereby request the release to the Office of Vocational Rehabilitation of all information necessary to complete the items listed in this form. This information will be used solely for the purpose of determining the amount of financial aid that OVR can provide and will remain confidential unless released by me in writing.

Student Signature

Date

Parent Signature (only necessary if student is under age 18)

Date

SECTION 2

TO BE COMPLETED BY SCHOOL

1. Tuition and Fees:	\$	4. Pell Grant:	\$
2. Estimated Books & Supplies:	\$	5. PHEAA Grant:	\$
3. Dormitory Rate Room & Board:	\$	6. Other Grants & Scholarships	\$

Is student in default status? ☐ Yes ☐ No

Time frame to which this information applies:

From Date

MM/DD/YYYY

To Date

MM/DD/YYYY

Anticipated Graduation Date:

Cumulative GPA:

Is student maintaining federal academic progress? ☐ Yes ☐ No (If No, Customer is not eligible for OVR College/University assistance.)

Is this student Full-Time or Part-Time? ☐ Full-Time ☐ Part-Time

	Fall	Winter	Spring	Summer
Number of Credits (optional):				

Financial Aid Administrator Name

Financial Aid Administrator Phone

Financial Aid Administrator Email

Financial Aid Administrator Signature

Date

Comments:

SECTION 3

**TO BE COMPLETED BY COUNSELOR
BTT FORMULA AND CALCULATION**

Tuition & Fees:

\$

PLUS Estimated Books & Supplies:

\$

PLUS Transportation, Room & Board:

\$

OR

PLUS OVR Transportation Allowance (25 cents per mile):

\$

MINUS PELL Grant:

\$

MINUS PHEAA Grant:

\$

MINUS Other Grants & Scholarships:

\$

MINUS Part-Time Percentage to Pro-Rate:

\$

MINUS Pro-Rated Non-SSI/SSDI Maximum:

\$

OVR CONTRIBUTIONS

\$

EQUALS OVR Contribution (Enter lesser of the Tuition Calculation from above or \$5,500)

\$

Counselor Signature

Date

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program