

STUDENT AID STATUS

				SSN/ID	
Last Name	First Name	e	Middle Initial		
Address				Enrollment Period FA SI	P SU 20
				[] New Student	
City	State	ZIP	County	[] Dual Enrollment [] HS Student/no DE High School KHS CEM HHS WA JHS [] Re-admit Last Attended	
Phone		E-mail		[] Continuing Student [] Change of Major [] WTC Graduate	
Program of Study for this Term of	Enrollment				Program
Admissions Signature		Date		Att/Comp	/GPA
Application for Studen	t Financial Aid is	s:	[] COMPLETE	[] ESTIMATED	
[]INCOMPLETE []FAFSA APPLICATION/V	ALID ICID		PELL AWARD	CR. HRS	
[] VERIFICATION DOCUMI [] VFAO ENROLLMENT [] PROCESSING AT WEBEF	ENTS – RECEIVED _		LOTTERY AWAR	CR. HRS	
[] TRANSCRIPTS/TEST SCO			FINANCIAL AID SIGN	IATURE	DATE
NOTES					
OTHER FINANCIAL RESOUR	CES (All approved	or potential sources	of funding must be	declared at time of registr	ation)
[] SELF PAY		[] LIFE Scholarship)	[] VOC-REHAB	
[] VA Voc-Rehab		[] ACG		[] WIA/WIA-TRA/	
[] SCNG-CAP		[]TEACH		Lake City	Georgetown Florence
[] Other					
assistance, or in the event that m	uest. I understand that sult in my owing a bala College for my educatio y application for financ	t my failure to disclose a nce to Williamsburg Tech nal costs in the event the ial assistance is incomple	ny sources of funding n nnical College. I further at I fail to provide all in te or is denied. If my tu	nay cause other sources of suppl understand that I am responsible formation necessary to process m	emental funding to be for the entire amount ny request for financial company, WIA, or any
Student's Signature			Date		
Parent's Signature (If student is u	nder 18 years old)		Date		
Previous Balance Due			Cleared	d at Business Office by:	
				Initia	als Date