STUDENT AID STATUS

Last Name _____ First Name _____ Middle Initial _____

SSN/ID _____

Address _____

Enrollment Period FA ☐ SP ☐ SU ☐ 20 16

City _____ State _____ ZIP _____ County _____

☐ New Student
☐ Dual Enrollment ☐ HS Student/no DE
High School KHS CEM HHS WA JHS
☐ Re-admit Last Attended _____
☐ Continuing Student
☐ Change of Major
☐ WTC Graduate _____ Program

Phone _____ E-mail _____

Program of Study for this Term of Enrollment _____

Admissions Signature _____ Date _____ Att/Comp/GPA _____

Application for Student Financial Aid is:

[ ] COMPLETE [ ] ESTIMATED

[ ] INCOMPLETE
[ ] FAFSA APPLICATION/VALID ISIR
[ ] VERIFICATION DOCUMENTS – RECEIVED _____
[ ] VFAO ENROLLMENT
[ ] PROCESSING AT WEBER
[ ] TRANSCRIPTS/TEST SCORES

PELL AWARD _____ CR. HRS. _____

LOTTERY AWARD _____ CR. HRS. _____

FINANCIAL AID SIGNATURE _____ DATE _____

NOTES _____

OTHER FINANCIAL RESOURCES (All approved or potential sources of funding must be declared at time of registration)

[ ] SELF PAY
[ ] LIFE Scholarship
[ ] VOC-REHAB
[ ] VA Voc-Rehab
[ ] ACG
[ ] WIA/WIA-TRA/TAA
Kingstree Georgetown
Lake City Florence
[ ] SCNG-CAP
[ ] TEACH
[ ] Other _____

I certify that I have applied for the above named financial assistance programs and that I have submitted or will submit within thirty (30) days all documents necessary for processing my request. I understand that my failure to disclose any sources of funding may cause other sources of supplemental funding to be denied or revoked, which may result in my owing a balance to Williamsburg Technical College. I further understand that I am responsible for the entire amount owed to Williamsburg Technical College for my educational costs in the event that I fail to provide all information necessary to process my request for financial assistance, or in the event that my application for financial assistance is incomplete or is denied. If my tuition and/or books are billed to a company, WIA, or any other entity, I grant permission to Williamsburg Technical College to release to them my grades, attendance, and/or any other required information.

Student's Signature _____ Date _____

Parent's Signature (If student is under 18 years old) _____ Date _____

Submit _____

Previous Balance Due _____

Cleared at Business Office by: _____ Initials _____ Date

Semester(s) Owed _____

White – Business Office Yellow – Financial Aid Office Pink – Bookstore Gold – Student

FA 11/14