



List the student's sources of education assistance. (Include any PELL, BEOG, SSIG, Perkins, HOPE, Grants, Scholarships, Fellowship, Internships, Work Study Programs, etc.)

SOURCE	AMOUNT	PERIOD OF TIME COVERED		List type of expense and amounts of money specifically earmarked	List the amount used for living expenses
		FROM	TO		

**INTERNSHIPS ONLY**

If the student is in an internship program, does the student receive earned income/wages and educational assistance? Is the student considered to be an employee and/or a student? Please explain below.

\_\_\_\_\_

\_\_\_\_\_

**WORKSTUDY** (Note: For work study programs, the student must be approved for the program and actually working during the school term.)

Has this student been approved for state or federally financed work-study? Yes \_\_\_\_\_ No \_\_\_\_\_

School term of student work-study program: \_\_\_\_\_

Work-study start date: \_\_\_\_\_ End date: \_\_\_\_\_

Signature of School Official Completing This Form: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

Date: \_\_\_\_\_