



Financial Aid Release Form



Student Information

I _____ (print full name) have applied for state funding toward my school costs. In order to receive this funding, the Indiana Education and Training Voucher (ETV) Program staff at Foster Success may need access to my enrollment status, grade history, billing, and financial aid information. If requested, I authorize you to send a copy of my class schedule, academic transcript, and financial aid/billing information to the Indiana ETV Program via US mail, telephone, or fax for the **current academic year** _____ (indicate semester/term and year)

Full Name: _____ Student ID: _____

Signature/Date: _____/_____

Date submitted completed FAFSA: _____

School Information (this section must be completed by school officials)

School Name: _____

Title IV Participating School? Yes No

Current Semester/Quarter/Term: Fall Spring Winter Summer

Student Enrollment Status: Full-Time Part Time #Credit hours: _____

Previous two semester/term GPA (if applicable) Semester/term 1 _____ Semester/term 2 _____

Financial Aid Finalized: Yes No

Financial Information

Tuition (current semester only)	\$
Cost of Attendance for current semester only; less tuition (as defined by the <i>Higher Education Act of 1965</i> , which includes: fees, room & board, transportation, supplies, dependent care, etc.) Does the cost of attendance include a computer? ____ Yes ____ No	\$
Unmet need (current semester only)	\$
Is the student living in campus housing facilitated by this school? ____ Yes ____ No	
Pell Grant Award (current semester only) if Pell is unavailable to student, please indicate reason: ____ EFC is too high ____ has not applied ____ academic suspension ____ ineligible	\$

Other grants, scholarships, or work study if applicable (please list individually for current semester only)

1.	\$
2.	\$
3.	\$

Loans

Subsidized	<input type="checkbox"/> Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	\$
Unsubsidized	<input type="checkbox"/> Offered <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	\$

Preparer's Name (please print): _____

Direct Phone Number/email: _____

Preparer's Signature/Date: _____/_____

THIS DOCUMENT MUST BE FAXED/SCANNED BY THE FINANCIAL AID OFFICE TO THE INDIANA ETV PROGRAM AT 317.917.8943 OR 1.855.577.2ETV OR ETV@INDIANAETV.ORG

Please email questions to ETV@indianaevt.org or call 317.917.8940

The Indiana ETV Program is administered by Foster Success, Indianapolis, IN