



## KANSAS CAREER TECHNICAL WORKFORCE GRANT VERIFICATION FORM 2014-2015

The Verification part of this form **must** be completed  
by an official at the post-secondary institution.

Student Last Name:

Student First Name:

Student Email Address:

**Below sections must be completed by the Institution's Financial Aid Office**

Please complete the following and return it to the Kansas Board of Regents, SFA  
1000 SW Jackson St, Ste 520  
Topeka, KS 66612

### VERIFICATION INFORMATION

Does the student have a FAFSA on file? \_\_\_\_\_

Did the student complete their high school diploma or GED? \_\_\_\_\_

Is the student considered a Kansas resident at your institution? \_\_\_\_\_

Is the student in student loan default? \_\_\_\_\_

Does the student owe money to the USDE for a Pell overpayment? \_\_\_\_\_

Student's technical certificate or AAS program of study (including CIP):  
\_\_\_\_\_

Is student enrolled in one of the eligible approved programs for the Career Technical Workforce Grant?

See list \_\_\_\_\_

In what term or session will the student's program of study begin? \_\_\_\_\_

# of hours enrolled for **fall** semester \_\_\_\_\_ # of hours enrolled for **spring** semester \_\_\_\_\_

**Student Financial Aid**

**Need Analysis**

PELL \_\_\_\_\_ +

SEOG \_\_\_\_\_ +

Stafford Loan \_\_\_\_\_ +

Perkins Loan \_\_\_\_\_ +

Federal Work Study \_\_\_\_\_ +

Institutional Scholarships \_\_\_\_\_ +

Third-Party Scholarships \_\_\_\_\_ +

Other aid \_\_\_\_\_ +

**TOTAL AID**

COA \_\_\_\_\_ (-) EFC \_\_\_\_\_ (-) TOTAL AID \_\_\_\_\_

= Unmet Need \_\_\_\_\_

SFA Signature

Date

Printed Name

Phone

Institution