



Student Financial Aid Report-E

05/09

See page 2 for instructions.

School:

Student Name: first name (initial only) full last name

Social Security Number (last four digits only)

Enrollment Period: From To

Number of months in period

Student Financial Aid Officer: Please complete the Student Financial Aid Analysis and return to Vocational Rehabilitation.

I. Vocational Rehabilitation Analysis

Cost of Attendance Adjustment

Expense	Cost	School Budget	Adjustments
Transportation	_____	_____	_____
Child care	_____	_____	_____
Housing	_____	_____	_____
Total	_____	_____	_____

Loan and Work Study Recommendation Because of the student's disability, the financial aid package should not include-

Student loans Work study

Remarks

VR Representative Name _____ Date _____

Phone _____

Email _____

III. Vocational Rehabilitation Assistance For this enrollment period, Vocational Rehabilitation may provide assistance towards the student's unmet need.

\$ _____ (Estimate based on hours registered)

Remarks

VR Representative Name _____ Date _____

Phone _____

Email _____

II. Student Financial Aid Analysis

Student Budget

Standard budget _____

Adjustments _____

REVISED BUDGET _____

Award No award for reason checked.

No record of this student Application received after deadline

No aid available for this student Other

Family Resources **EFC** _____

Federal & State Gift Aid Pell _____

FSEOG _____

LEAP _____

SSAP _____

SAP _____

Other _____

TOTAL FEDERAL/STATE AID _____

Institutional Aid Tuition waiver _____

Scholarship _____

Other _____

TOTAL INSTITUTION AID _____

Other Aid Sources

Workers Compensation _____

W.I.A. _____

National Guard _____

V.A. _____

Other _____

TOTAL OTHER AID _____

TOTAL OF ALL AID _____

CALCULATION OF UNMET NEED

Revised Budget _____

- EFC _____

- Total of all Aid _____

= UNMET NEED _____

Self Help Perkins Loan _____

Stafford/Ford Loan _____

FWSP _____

Other _____

Total self help _____

Remarks

Financial Aid Officer Name _____ Date _____

Phone _____

Instructions

The purpose of this form is to coordinate financial aid between Vocational Rehabilitation (VR) and Student Financial Aid Offices. This is a three step process—

- ① VR representative completes Part I before sending the form to the Student Financial Aid Office. It contains information from the assessment of the person's vocational rehabilitation needs. The student financial aid officer uses this information to complete Part II.
- ② The student financial aid officer completes Part II. The amounts shown are for the enrollment period and number of months shown at the top of the form.
- ③ The VR representative completes Part III after he or she determines the amount of financial aid **Vocational Rehabilitation** will provide to the person.

VR Representative Instructions

Complete top of form. Enter the name of the school, the person's first name initial, full last name, last four digits of their Social Security number, the enrollment period, and the number of months in the enrollment period.

Complete *Part I: Vocational Rehabilitation Analysis*.

- ① **Cost of Attendance Adjustments.**
Show any adjustments that the Student Financial Aid Officer should consider. These are transportation, childcare, or housing expenses that may be higher than the amounts included in the standard school budget.
Transportation. Include when the person must commute a long distance or use a costly means of transportation. Show VR estimate of cost to the student.
Childcare. Include when the spouse or other family member is not available for childcare. Show VR estimate of actual cost to the student.
Housing. Include when the person has special disability-related housing requirements (such as need for a single dorm room or adapted housing). Show estimated total monthly rent payments plus utilities, or additional dorm cost.
- ② **Loan and Work Study Recommendation.**
Show whether student loans or work study should not be part of the financial aid package because of the disability.
- ③ **Remarks.**
Briefly explain any adjustments or recommendations. Include any other information that will help the financial aid officer award aid to the student.
Enter the VR representative's name, phone, email and the date.
- ④ Send to school.
Send to the school financial aid office as an email attachment.

Complete *Part III: Vocational Rehabilitation Assistance*.

- ① **Determine amount of VR assistance.**
Review the information provided in Part II by the Student Financial Aid Office at the school. Determine the amount of Vocational Rehabilitation financial assistance to be provided, based on Rule 72, and enter it in section III.
Enter the VR representative's name, phone, email and the date.
- ② **Send to school.**
Send to the school financial aid office as an email attachment.

Student Financial Aid Officer Instructions

Complete Part II: Student Financial Aid Analysis. Use "N/A" or "0" if an item is not applicable or an amount is zero.

- ① **Student Budget.**
Always complete this section, even if no aid is awarded to the student.
Standard Budget. This is the school's budget for the student.
Adjustments. Review the Cost of Attendance Adjustments recommended by the VR Representative. Use the spaces in Part I to show the budgeted amount and to compute the amount of the adjustment.
Revised Budget. This is the total of the above. This should accurately reflect the actual cost of attendance for the student. This budget may be different from the one actually used to award financial aid.
- ② **No Award.**
If no aid is awarded, check the appropriate box for the reason. *Be sure to also complete Section D: Unmet need.*
- ③ **Resources.**
Report the expected family contribution (EFC).
- ④ **Federal and State Gift Aid.**
Report gift aid awarded on the appropriate line(s). Total the amounts to get total aid.
- ⑤ **Institutional Aid.**
Report institutional aid awarded on the appropriate line(s).
Total the aid amounts to get total aid.
- ⑥ **Other Aid.**
Report other aid the student will receive. Total the amounts to get total aid.
- ⑦ **Total of All Aid.**
Add the total federal/state aid, total institution aid and total other aid to get total of all aid.
- ⑧ **Unmet Need.**
Always complete this section, even if no aid is awarded to the student. Compute unmet need by subtracting Resources and Aid from the revised budget.
VR aid cannot exceed the amount of unmet need shown on this line.
- ⑨ **Self Help.**
Review the Loan and Work Study Recommendation to see whether there are disability-related reasons why these should not be part of the student's financial aid package. Show the type and amount of self-help assistance available to the student. VR will use this information in financial counseling with the student.
- ⑩ **Remarks.**
Explain any unusual items in remarks section.
Enter the financial aid officer's name, phone and the date.
Send to the VR office as an email attachment.