

**Student Info**

Student Name	Social Security Number (last 4 digits)
College or University Name	Federal School Code

**Financial Aid Office Verification of Student Status – All Information Required**

Is the student a Minnesota Resident Student for State Financial Aid purposes? (Student does not have to be a Resident Student to be eligible. Information will be used for program evaluation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an initial or updated version of this form?	<input type="checkbox"/> Initial	<input type="checkbox"/> Updated
Current degree student is seeking:	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Post-Baccalaureate	
Current Student FA Eligibility Status:	<input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> In Default on Federal or State Loan <input type="checkbox"/> Other	

**Academic Information – Information Required for Payment**

In which teacher licensure field(s) will the student be recommended for a Tier 3 license after completing this student teaching experience?	
Location of the student teaching experience? (if not located in MN, also list state and/or country of the placement location)	

**Financial Aid Office Student Budget Data – All Information Required**

<b>Important:</b>	Only include information for <b>1</b> term in which the applicant is completing an eligible student teaching experience. List grants, scholarships, and institutional aid the student is receiving or expected to receive. <b>Do not</b> list state or federal work-study or federal, state, or private loans.		
<b>Term</b>	<input type="checkbox"/> Fall 2019	<input type="checkbox"/> Spring 2020	<input type="checkbox"/> Summer 2020
<b>Start and End Date</b>	From:	To:	Title IV Cost of Attendance (COA) for this term: \$
<b>Resources (Term Only)</b>	Parent Contribution:\$	Student Contribution: \$	Total Resources (EFC): \$
			Assessed Need (COA – EFC) \$
			Pell Grant \$
			SEOG \$
			MN State Grant \$
List <b>all</b> other federal, state, college, institutional, private, or other grants and scholarships the student is receiving or is expected to receive. Include the name of each grant/scholarship. Do <b>not</b> complete if student has not completed the FA process at your institution.			\$
			\$
			\$
			\$
IMPORTANT: If balance is \$0 or negative, student is not eligible to receive an award		Balance:	\$

**Financial Aid Office Certification**

College or University Authorized Representative Name:	
Signature	Date