

**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)	Yes	No		
Is this an initial or updated version of this form?	Initial	Updated		
Current degree student is seeking:	Bachelor's	Graduate/Master's	Post-Baccalaureate	
Current Student FA Eligibility Status:	Eligible	Academic Suspension	In Default on Federal or State Loan	Other

**Academic Information – Information Required for Payment**

In which teacher licensure field(s) will the student be recommended for a full professional teaching 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>	Fall 2018	Spring 2019	Summer 2019
<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