OFFICE OF HIGHER EDUCATION				Minnesota Aspiring Teachers of Color			
			Sch	Scholarship Pilot Program Application			
1450 Energy Park Drive, Suite 350. St. Paul, MN 55108-5227 Phone: (651) 642-0567				2024-2025			
<b>Toll Free</b> : (800) 657-3866			Financial Data Form				
Fax: (651) 642-0675				Page 2			
Student Info – All Information Required							
Student Name (Last, First, Middle) Social Security Number (last 4 digits)							
College or University Name	Federal School Code						
College or University Name			rederal school Code				
Student Gender Identity:	Man 🗌	] Woman	Another Ger	nder Identity not list	ed 🗌 Unkno	own	
Is the student Hispanic or Latino?			Yes		🗌 No		
Student Racial Identity:							
American Indian or Alaska Native							
Slack or African American			Unknown				
Financial Aid Office Verification of Student Status – All Information Required							
Is this an initial or updated version of th		[	Initial	•	Updated		
Current degree student is seeking:			Bachelor's Graduate/Master's Post-Baccalaureate Associate/2-Year Degree				
Is the student on SAP Suspension?			Yes	es No			
Is the student in default on any federal or state student loans?			Yes	□ No			
Academic Information – Information Required for Payment							
List Licensure Area(s) for Teacher Preparation Program							
List Two-year Early Childhood Program							
Financial Data – All Information Required							
Budget Period (start date – end date)	Title IV Cost of Attendance (COA): \$						
				Student	Aid Index (SAI):	\$	
Terms	Summer 1	Fall	Winter	Spring	Summer 2		
Start Date							
Enrollment Level (# of credits)						TOTAL	
Assessed Need (COA – SAI)						\$	
Important:	List grants, scholarships, stipends, third-party payments and tuition waivers the student is receiving or expected to receive. Federal, state, institutional and other gift aid can be combined on the same line. <b>Do not list state or federal work-study, VA Educational Benefits, or any loans.</b>						
Pell Grant						\$	
Federal SEOG						\$	
MN State Grant						\$	
						\$	
						\$	
						\$	
		*	*		A	\$	
Balance	\$	\$	\$	\$	\$	\$	
Financial Aid Office Certification							
College or University Authorized Representative Name:							
Signature					Date		