

**Phone**: (651) 642-0567 Toll Free: (800) 657-3866 Fax: (651) 642-0675

## **SCHOOL BUDGET**

## **Aspiring Teachers of Color Scholarship Pilot Program Application**

2023-2024

This form is required AFTER the college or university authorized representative has submitted the online portion. If you have not already completed the online application, it can be found here:

https://www.ohe.state.mn.us/mPg.cfm?pageID=2568

			email it as an attachment to tara.winchester@state.mn.us				
Student Info – (u	used to verify the stud	dent on this form is the	same as the one	on the online form	)		
Student Name or MN.AID ID							
College or University Name							
Financial Aid Of	fice Student Bu	dget Data – All In	formation Re	quired			
Important:		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.					
Terms		Summer '23	Fall '23	Winter	Spring '24	Summer '24	
Start Date							
Enrollment Level (# of credits)							Total
Federal/State/ College/Private/ Other Aid/Multiple sources can be combined on same line	Pell						\$
	SEOG						\$
	MN ST GT						\$
							\$
							\$
							\$
							\$
Balance		\$	\$	\$	\$	\$	\$
Financial Aid Of	fice Certification	n					
College or Univers	sity Authorized Re	epresentative Nam	e:	Date			