

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS Director

ROBERT THOMPSON Administrator

| | ☐TANF ☐ MEDICAID ☐ SNAP |
|---|--|
| | Date: Case Name: Case ID: |
| <u>POQ 28.298:</u> | AUTHORIZATION: I authorize you to release to the Division of Welfare and Supportive Services the requested information. |
| | Client Signature Date |
| FINANCIAL AID | |
| Student Name: | SSN: |
| Student's Status: ☐ Full-time ☐ Half-time or More ☐ L | |
| PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT FIBE RECEIVING | NANCIAL AID THE ABOVE-NAMED STUDENT RECEIVED/WILL |
| (1) Gross Grant Amount Time Period C | Covered: From To |
| Source: | Date Received/Will Receive: |
| Funding (Check One): TITLE IV OTHER FEDE | RAL NON-FEDERAL |
| (2) Gross Grant Amount Time Period C | Covered: From To |
| Source: | Date Received/Will Receive: |
| Funding (Check One): TITLE IV OTHER FEDE | RAL □NON-FEDERAL |
| (3) Gross Grant Amount Time Period C | Covered: From To |
| Source: | Date Received/Will Receive: |
| Funding (Check One): TITLE IV OTHER FEDE | RAL NON-FEDERAL |
| (4) Gross Grant Amount Time Period C | Covered: From To |
| Source: | Date Received/Will Receive: |
| Funding (Check One): | |



EXPENSES "EARMARKED" BY INSTITUTION/GRANTOR TO BE PAID WITH FINANCIAL AID

| Tuition/Mandatory Fees \$ | | Fees Charged to All Students | | \$ |
|--|------------|---------------------------------|--------------|------------------|
| Origination Fees | \$ | Dependent Care | | \$ |
| Loan Insurance Premium | \$ | Transportation | | \$ |
| Books/Supplies | \$ | Miscellaneous Personal Expenses | | \$ |
| Is this student enrolled in a work study program? | | □YES | □no | |
| Is a high school diploma/GED or equivalency test required? | | □YES | \square NO | |
| Is medical coverage provided by the institution? | | □YES | \square NO | |
| | | | | |
| Signature | Print Name | Title | Date | Telephone Number |

