

Section C: To be completed by the school's financial aid or program administrator

1. Your school has been authorized/approved for operation by: _____

2. Name of training program for which this applicant is requesting funding (as it appears in your school catalog): _____

3. This program results in a: certificate license other: _____

4. Based on your school's definition of enrollment, this applicant is/will be considered:
 Full-time Part-time Less than part-time

5. Applicant's start date for the 2009-2010 academic year*: _____/_____/_____
month day year

6. Applicant's end date for the 2009-2010 academic year*: _____/_____/_____
month day year

7. Total cost of the program (tuition, fees, books, equipment, uniforms, etc) based on **full-time** enrollment during the 2009-2010 academic year*: \$ _____

8. If this applicant has applied for financial aid, please list the total aid the applicant is expected to receive (grants and scholarships only; do not include loans or work study) for the 2009-2010 academic year.

Source of aid: _____ Amount: \$ _____

Source of aid: _____ Amount: \$ _____

Signature of official Date

Title Phone number

* Academic year 2009-2010 refers to the following dates: July 1, 2009 - June 30, 2010