

2014-2015 Formula Sheet

(Clock Hour or Credit Hour, Non-Term Schools)

PELL ID _____

PROGRAM ID _____

School Name _____

Student Name _____

Start Date ____/____/____

Student ID # _____

(Original Social Security #) (Name Code) (Trans #)
(From SAR or ISIR. Provide this ID number in lieu of submitting actual SAR/ISIR document to GEMCOR for processing)

Payment Period Number / Begin Date

Indicate here the information for the first payment period being funded from the 14-15 award year	1	/	/
	2	/	/
	3	/	/
	4	/	/

If Start Date is Prior To July 1, 2014 enter hours completed as of June 30, 2014 _____

Program Information

Respond to the following four questions based on Full Time status

Number of Hours in Program _____

Number of Weeks in Program _____

Number of Hours in Academic Year _____

Number of Weeks in Academic Year _____

Cost of Attendance

Tuition and fees for full academic year \$ _____

Books, supplies, equipment \$ _____

Room and board (Determined by school) \$ _____

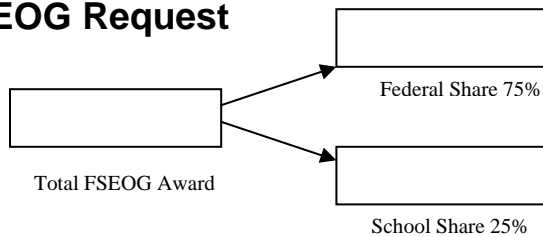
Personal expenses (Determined by school) \$ _____

Transportation \$ _____

Other, e.g., dependent care, disability expenses, loan fees (Determined by school) \$ _____

TOTAL COST OF ATTENDANCE \$ _____

FSEOG Request



Transfer Students

How many clock or credit hours will this student complete at your school for the current enrollment? _____

Admission criteria: Complete only if different from question #26 on student's FAFSA\ISIR (circle one) or if ATB test used for admission criteria

H.S diploma

GED

Home schooled

ATB Testing completed (complete below information)

1-Ability to benefit test completed on ____/____/____ or by an independent test administrator? (circle one)

2-Test used _____ 3-Was test given at assessment center