

2014-2015 Formula Sheet

(Term based credit hour schools)

School Name _____

Pell ID No. _____

Student Name _____

Program ID. _____

Term Start Date ____/____/____
 (This date should represent the start date of the first term
 being funded from the 2014-2015 SAR / ISIR)

Enrollment Status	(T1)	(T2)	(T3)	(T4)
Full Time	___	___	___	___
3/4 Time	___	___	___	___
Half Time	___	___	___	___
LT Half Time	___	___	___	___

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)

Is this a new student? ___ Yes ___ No
 If "NO", please provide number of full-time equivalent terms completed _____

Program Information

**Respond to the following four questions
 based on Full Time status**

Number of Terms in Program _____

Number of Weeks in Program _____

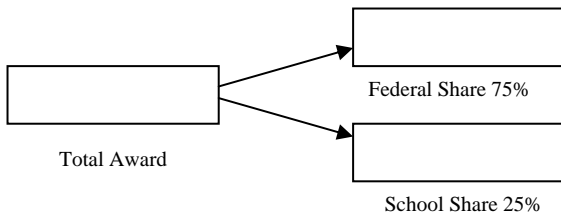
Number of Terms in
 Academic Year _____

Number of Weeks per Term _____

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



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 ____/____/____ 2-Test used _____ 3-Was test given at assessment center or by an independent test administrator? (circle one)