

N. C. DIVISION OF VOCATIONAL REHABILITATION SERVICES
N. C. DIVISION OF SERVICES FOR THE BLIND
FINANCIAL AID INFORMATION EXCHANGE

To: Financial Aid Administrator
Institution:
Address:
RE: Name:
SSN:
Enrollment period:

Return to:
DVRs/DSB Counselor:
Mailing Address:
E-mail Address:
Fax:

The Division of Vocational Rehabilitation Services (DVRs) or the Division of Services for the Blind (DSB) is providing services to the individual named above who is enrolled/will enroll at your institution for the period indicated above. Federal law requires that DVRs/DSB provide financial assistance for educational/training expenses only after "maximum efforts have been made by the designated State unit (DVRs/DSB) and the individual to secure grant assistance, in whole or in part, from other sources to pay for such training" (Rehabilitation Act Amendments of 1998, Section 103(5)).

A. Consent for Exchange of Information: (To be completed by the student.)

I authorize the exchange of information related to the funding of my educational program between the DVRs/DSB counselor and the institution's financial aid office.

Student's Signature Student's representative, if applicable Date

B. Enrollment Status: (To be completed by the financial aid administrator.)

To assist DVRs/DSB in determining the amount of financial assistance which can be provided to this student, please complete, sign and date the following and return it to the DVRs/DSB office indicated above.

The following financial aid assumes the student will be enrolled: Full-time Part-time. If part-time, please indicate the number of credit hours for Fall Spring Summer Year

Cost of Attendance

Tuition and Fees \$
Room and Board \$
Books and Supplies \$
Transportation \$
Personal Expenses \$
Miscellaneous \$
Tools \$
Total \$

Aid Offered

Pell \$
FSEOG \$
State Grant \$
Merit Scholarships/grants \$
Other Scholarship/grants \$
Federal Work Study (FWS) \$
Stafford/Direct Loan \$
Perkins Loan \$
Other \$

Expected Family Contribution \$
Other resources (list below) \$

Tuition Waiver? Yes No \$
Total Financial Aid \$

Comments:

Financial Aid Administrator's Signature Printed/typed Financial Aid Administrator Name Date
Telephone FAX Email

**N.C. DIVISION OF VOCATIONAL REHABILITATION SERVICES
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C. DVRS/DSB Financial Assistance for Postsecondary Education (To be completed by DVRS/DSB)

Student: _____ SSN: _____

Institution/School: _____

DVRS/DSB financial assistance will equal the Educational Expenses less the Individual/Family Resources and any financial aid awarded to the student. The cost of tuition and mandatory fees, private or public college/university, may not exceed \$2,428 for two semesters unless an exception is documented and approved based on previous policy. Determination of DVRS/DSB financial assistance will be computed each year.

The following information is for the period beginning _____ and ending _____.

EDUCATIONAL EXPENSES FOR PERIOD INDICATED

Check one: Semester Academic Year

- 1. Tuition (adjust for waiver) and Mandatory Fees \$ _____
- 2. Books and Supplies \$ _____
- 3. Daily Commuting Cost (not included if on-campus Room/Board are included) \$ _____
- 4. Room and/or Board (on campus) \$ _____
- 5. Other (requires Administrative Approval)
Specify: _____
(Do not include in Other expenses any goods/services excluded from financial need policy; include them on IPE.) \$ _____
- 6. **Total Educational Expenses (Add lines 1 through 5)** **\$ _____**

INDIVIDUAL/FAMILY RESOURCES AND FINANCIAL AID

- 7. Individual/Family Annual Financial Participation (From Financial Statement DVR-0116, include only the amount not applied to another DVRS/DSB service or previous semester/grading period during the year. May prorate amount between semesters/grading periods.) \$ _____
- 8. Financial Aid: (exclude aid based on merit.)
 - a. _____
 - b. _____
 - c. _____
- Total Financial Aid (FA) (Add lines 8a,b, and c.)** **\$ _____**
- 9. **Total Individual/Family Participation and FA (add lines 7 and 8)** **\$ _____**
Excess income applied to rehabilitation.

DETERMINATION OF DVRS/DSB FINANCIAL ASSISTANCE

- 10. **Total Educational Expenses (from line 6)** **\$ _____**
- 11. **Total Individual/Family Participation and FA (from line 9)** **\$ _____**
- 12. **DVRS/DSB calculation of remaining need (line 10 minus 11)** **\$ _____**
- 13. **DVRS/DSB Financial Assistance applied to:**
 - a. Tuition and Fees \$ _____
 - b. Room and Board \$ _____
 - c. Transportation \$ _____
 - d. Books and Supplies \$ _____
 - e. Other (identified in #5 above) \$ _____
- Total (add lines a-e)** **\$ _____**

DVRS Counselor's Signature Date

Consumer's Signature Date