



## School Financial Aid/Enrollment Verification Form

Date: \_\_\_\_\_

To: Financial Aid/Enrollment Officer  
 Re: Educational Assistance Cost of Attendance, and Enrollment

\_\_\_\_\_ has reported to our office that s/he is continuing her/his education at your school. Because this affects services that may be provided by Workforce Solutions, we are requesting the following information. Please return this form to the following address on or before \_\_\_\_\_.

Workforce Solutions of West Central Texas  
 Attn: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Customer Signature Date Career Coach Signature Date

Not enrolled  Did enroll in \_\_\_\_\_ course of study.

Weekly schedule: \_\_\_\_\_

Effective date of enrollment \_\_\_\_\_ Anticipated completion date \_\_\_\_\_

Type of program (Certificate/degree) \_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_  
(Address) (Phone)

Cost of attendance: Tuition and Fees: \$ \_\_\_\_\_ Other fees: \$ \_\_\_\_\_

Time period covered by cost of attendance \_\_\_\_\_

Educational assistance awarded:

Type	Time Period Covered	Amount	Date Received
_____	_____	_____	_____
_____	_____	_____	_____

Portion of assistance designated specifically for room, board, and dependent care \$ \_\_\_\_\_

\_\_\_\_\_  
 Representative Signature Date Phone Number

*Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.  
 Relay: 1-800-735-2989 (TTY) / 711 (Voice).*

*This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at <http://www.workforcesystem.org/107/Public-Information>.*

*Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.*