



EDUCATIONAL ASSISTANCE/STATUS VERIFICATION

TO BE COMPLETED BY STUDENT

I grant the **NEVADA RURAL HOUSING AUTHORITY** permission to make inquiries regarding my student status/educational assistance. I understand that this information will be kept confidential and will be used only for program purposes.

Signature _____ Date _____

Printed name of student _____ Date of Birth _____

Address _____ Head of Household name _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

This certifies that _____ is enrolled at _____ as a

_____ Full time student
 _____ Part time student

Date of enrollment _____

Signature of Authorized Representative of Educational Institution _____ Date _____

Printed name/title _____ Phone number _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

TYPE OF ASSISTANCE* _____
Please indicate if grant/scholarship is Title IV.

- * GI Bill * Pell Grant * Supplemental Education Opportunity Grant (SEOG) * Work Study Program *Other
- * Bureau of Indian Affairs Student Assistance Programs * Division of Vocational Rehabilitation

TOTAL AMOUNT OF GRANT/SCHOLARSHIP \$ _____
Attendance Costs (State Amount):

Tuition _____	Fees _____
Books _____	Equipment _____
Supplies _____	Materials _____
Transportation _____	Misc. Personal _____
Expense _____	

AMOUNT FROM GRANT/SCHOLARSHIP DESIGNATED SPECIFICALLY FOR:
ROOM & BOARD \$ _____
Other \$ _____
Explain: _____

Signature of Authorized Representative of Educational Institution _____ Date _____

Printed name/title _____ Phone number _____

Updated 6/19/13 ck

