



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 11/22/16 ck

