



EDUCATIONAL ASSISTANCE/STATUS VERIFICATION

TO BE COMPLETED BY STUDENT

I grant the Nevada Rural Housing Authority permission to make inquiries regarding my student status and/or educational assistance. I understand this information will be kept confidential and will be used only for program purposes.

Signature of Student, 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): \$ _____

Table with 3 columns: Tuition, Books, Supplies; Transportation, Expense, Equipment; Materials, Fees, Misc. Personal. Each cell contains a dollar sign and a blank line for input.

AMOUNT FROM GRANT/SCHOLARSHIP DESIGNATED SPECIFICALLY FOR:

Room & Board \$ _____
Other \$ _____ Explain: _____

Signature of Authorized Representative of Educational Institution, Date, Print Name/Title, Phone Number

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This institution is an equal opportunity provider and employer.

