

Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7168 • E-mail: usclfa@mailbox.sc.edu

<http://usclanlaster.sc.edu/finaid/index.html>

To WIA Participant and Training Provider:

Please complete the information below and return promptly to the above address. This information is required before any WIA financial assistance can be authorized. *This form may be faxed, mailed, or the participant may return it.*

A copy of the participant's semester schedule must be attached to this form for documentation of scheduled hours and term indicated below.

FINANCIAL AID BUDGET AND AWARDS CERTIFICATION

Section I (to be completed by the student)

Student's Name: _____ Last 4 digits of Social Security #: _____

Program of Study: _____ Training Facility: USC Lancaster Term: _____

By signing below I understand that I am authorizing the above named training facility to provide all necessary information regarding my financial aid to WIA.

Student Signature _____ Date _____

Section II (to be completed by the Financial Aid Office of the Training Facility)

Training Facility _____
Term of Enrollment _____ # of Hours Enrolled _____
Start Date: ____/____/____ End Date: ____/____/____

Costs

Tuition \$ _____
Mandatory Fees \$ _____
*Books & Supplies \$ _____
*Other Required Items \$ _____
Total Costs \$ _____

* Participant must complete a WIA Books, Supplies, and Other Required Items Form

Do you wish to have your Financial Aid apply to living expenses after your WIA pays tuition and Fees?
Y / N

Unmet Costs \$ _____ This is the potential WIA Eligibility

By signing below I am stating that all above information is accurate to the best of my knowledge and that I will update this information within 30 days if it changes.

Financial Aid Office Representative's Signature _____ Date _____

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The training provider may provide other forms or print-outs detailing the requested information below. Attach the documents to this form with signatures. A copy of the participant's semester schedule must be attached to this form as well to provide documentation of required books, supplies, and other items for the term indicated below.

BOOKS, SUPPLIES, AND OTHER REQUIRED ITEMS

Section I (to be completed by the student)

Student's Name: _____ Last 4 digits of Social Security #: _____
Program of Study: _____ Training Facility: USC Lancaster Term: _____

Section II Books (to be completed by Book Store representative)

List each course prefix and number, required book(s) and title(s), and the cost of each book.

<u>COURSE and BOOK TITLE</u>	<u>BOOK COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost of Books:	\$ _____

Book Store Representative's Signature _____ Date _____

Section III Other Required Items (to be completed by instructor or Program Department representative)

Please list and provide verification of other required items as well as their cost for the above indicated courses and term. You may also include up to \$15 of generic school supplies from the bookstore (not class specific).

<u>REQUIRED ITEM</u>	<u>ITEM COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cost of Other Required Items:	\$ _____

Instructor/Program Dept. Rep's Signature _____ Date _____