

KANSAS CAREER TECHNICAL WORKFORCE GRANT VERIFICATION FORM 2024-2025



★ LEADING HIGHER EDUCATION ★

Student's Last Name _____	First Name _____	Middle Initial _____
Date of Birth ____ / ____ / _____ Student's Email Address _____		

Verification sections below must be completed by the institution's Financial Aid Office

Please complete and return to: Kansas Board of Regents, SFA, 1000 SW Jackson St, Suite 520, Topeka, KS 66612

Does the student have a FAFSA on file? _____	
Did the student receive a Kansas high school diploma or a Kansas State High School Diploma issued upon successful completion of the GED® Test? _____	
Is the student considered a Kansas resident at your institution? _____	
Is the student in student loan default? _____ Does the student owe money to the USDE for a Pell overpayment? _____	
◆ Please identify the student's technical certificate or AAS program of study _____	
◆ And the corresponding CIP Code _____	
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Is student enrolled in one of the eligible approved programs for the Career Technical Workforce Grant? Yes ____ No ____	
In what semester will/did the student's program of study begin? Fall _____ Spring _____	
Number of hours enrolled for Fall 2024 semester: _____ Number of hours enrolled for Spring 2025 semester: _____	

NEED ANALYSIS for 2024-2025

PELL _____ SEOG _____ Stafford Loan _____ Perkins Loan _____ Federal Work Study _____ Institutional Scholarships _____ Third-Party Scholarships _____ Other Aid _____	COA _____ EFC _____ (-) TOTAL AID _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> Unmet Need (=) </div>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> TOTAL AID </div>	Is the student in good standing? Yes ____ No ____

SFA Signature _____	Date _____
Print Name _____	Phone _____
Institution _____	