

# DEPARTMENT OF VOCATIONAL REHABILITATION TRAINING EXPENDITURE WORKSHEET

CONSUMER NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
 SCHOOL YEAR: \_\_\_\_\_ ORIGINAL DATE: \_\_\_\_\_ AMENDED DATE: \_\_\_\_\_  
 SCHOOL NAME: \_\_\_\_\_  
 COUNSELOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PART A – TUITION/BOOK AWARD CALCULATION

ADJUSTED GROSS INCOME (From SAR #39 and #74) \$ \_\_\_\_\_

NUMBER IN HOUSEHOLD (From SAR # 65 or 85) \_\_\_\_\_

TUITION AMOUNT PER TERM (Not to Exceed Highest State Rate) \$ \_\_\_\_\_

SLIDING SCALE PERCENTAGE X \_\_\_\_\_ %

ESTIMATED TUITION AWARD PER TERM \$ \_\_\_\_\_

<b>FAMILY OF</b>	<b>Column A Median Income Up to \$ amount, 75% Tuition</b>	<b>Column B Between Column A &amp; B, 50% Tuition</b>	<b>Column C Between Column B &amp; C, 15% Tuition</b>	<b>Column D This \$ amount and Above 0</b>
1	26,649	31,979	37,309	37,309
2	34,849	41,819	48,789	48,789
3	43,049	51,659	60,269	60,269
4	51,249	61,499	71,749	71,749
5	59,449	71,339	83,229	83,229
6	67,649	81,179	94,709	94,709
7	69,186	83,024	96,861	96,861
8	70,724	84,869	99,014	99,014
9	72,261	86,714	101,166	101,166
10	73,799	88,559	103,389	103,389

### TUITION/BOOK AWARD PER TERM

	<b>Term 1/FALL</b>	<b>Term 2/SPRING</b>	<b>Term 3</b>	<b>Term 4</b>	<b>Yearly Total</b>
<b>Tuition</b>					
<b>Books</b>					
<b>Total</b>					

\*\*\*\*If only tuition and/or books are planned, STOP and submit estimated Tuition and/or Book Award to Student Financial Aid Office.\*\*\*\*

### TO BE COMPLETED BY THE STUDENT FINANCIAL AID REPRESENTATIVE

This is the **estimated Tuition and/or Book Award** that DVR plans to authorize for the consumer. Federal regulation **34 CFR 361.48** requires that this individual apply for and accept all available grants prior to utilization of Department funds. **PLEASE INDICATE BELOW IF THE PROJECTED CONTRIBUTION WOULD RESULT IN AN OVERAWARD OR WOULD DISQUALIFY THE INDIVIDUAL FROM RECEIVING GRANTS FOR WHICH THE INDIVIDUAL WOULD OTHERWISE BE ELIGIBLE.** Mail this form to the DVR counselor listed above within ten (10) working days **only** if adjustments are necessary.

**The estimated contribution is not acceptable. Please make the following adjustments.**

\_\_\_\_\_

\_\_\_\_\_

Financial Aid Representative

Date

## PART B – OTHER TRAINING COSTS

COLUMN A (RESOURCES)	COLUMN B
ESTIMATED FAMILY CONTRIBUTION (From FAN or SAR) \$ _____	COST OF ATTENDANCE \$ _____  TOTAL RESOURCES (From Column A) - \$ _____  <b>REMAINING EXPENSES=</b> \$ _____
TOTAL OF ALL FINANCIAL AID AWARDS (From FAN) + \$ _____	
YEARLY TUITION FROM PART A + \$ _____	
YEARLY BOOKS FROM PART A + \$ _____	
<b>TOTAL RESOURCES</b> \$ _____	

### DVR ASSISTANCE FOR OTHER TRAINING COSTS (TO EXCLUDE DISABILITY RELATED COSTS)

SERVICE	TERM 1	TERM 2	TERM 3	TERM 4

**Submit a copy of this page to the Financial Aid Office if expenditures other than tuition, books, and disability related costs are planned.**