

Higher Education Assistance Part Time Student (HEAPS) Application

Semester _____ Year _____ Hours Enrolled _____

Student Information	
Student Name:	Date of Birth:
Student ID:	Student Phone Number:
Student Email:	
Student Address:	

Checklist for Application Eligibility

(Please check all that apply)

- Enrolled from 3 to 11 credit hours.
- WV resident for at least 12 months
- A citizen of the U.S.
- Submitted FAFSA (Free Application for Federal Student Aid)
- Submitted final High School Transcript, GED, or High School equivalent
- Enrolled in a certificate or associate degree program as an Undergraduate student
- Has financial need based upon current federal standards
- Maintains a 2.0 overall GPA/ making SAP Satisfactory Academic Progress)
- Not in default on a student loan
- Complied with the Military Selective Service Act
- Not incarcerated in a correctional Facility
- Reimbursed of tuition cost through your employer or a third party
- Previous degree or certificate

Application Requirements

- Complete and Submit FAFSA (Free Application for Federal Student Aid)
- Complete and Submit HEAPS application
- Complete and Submit admission application to the Admissions office.

Award Process

- Financial Aid staff will review application and recipients are awarded each semester based on the student's eligibility and the availability of funds. Funds are distributed on a first-come, first-served basis.
- Award is added to student account (award will not exceed cost of tuition)
- Student will be notified via student email.

A. Agreement and Understanding

By signing this worksheet, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Typed, copied, or electronic signatures will not be accepted.

Student Signature:

Date:

****If you are dependent student, you are required to list your parents in the table in *Family Information Section*. In addition, you must have a parent signature.**

OPTIONS TO SUBMIT VERIFICATION FORMS AND OTHER DOCUMENTATION

EMAIL	FAX	In person	Mail
Scan and submit to financialaid@southernwv.edu	(304) 792-7113	Please visit one of our campus locations to see financial aid representative in person	SWVCTC C/O Financial Aid PO Box 2900 Mt. Gay WV 25637

For more information visit: www.southernwv.edu

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