

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:	

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.

Student must be enroll in 3-11 hours.

Student must be a West Virginia resident

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:
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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 100 College Drive Logan, WV 25601