

TO BE COMPLETED BY THE STUDENT

Submitting this form does not guarantee that the student will receive funding.

First name: Gen Last name: Weese Email: gweese01@my.blueridge.edu
 Mailing address: 157 Tommy Still Rd City: Genardstown State: WV Zip: 25420
 Student ID: C00040275 Phone No.: 304-582-5644 Last 4 digits of Social Security No.: 01014
 Do you plan to enroll full-time for the 2019-2020 academic year? Yes No
 I plan to enroll in 15 (Insert # of credits here) Fall 2019 credits and 15 (Insert # of credits here) Spring 2020 credits
 Student signature release: [Signature] Date: 1/9/20

I have applied for a Kids' Chance of Maryland scholarship for the 2019-20 academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance of Maryland, Inc.

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Please provide the requested financial aid information based on the student's reported enrollment plans above.

School Name: Blue Ridge Community & Technical College
 Campus Location: 1365D Apple Harvest Dr. ; Martinsburg WV 25403
 Calendar System Semester Trimester Quarter
 Current Fall 2019 Credits Enrolled: 0 Current Spring 2020 Credits Enrolled: 15
 Has student submitted a 2019-2020 FAFSA? Yes No Federal Expected Family Contribution: \$ 0
 Yearly Cost of Attendance*: \$ 16,085 (*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)
 2019-20 Pell Grant Amount Offered: \$ 6,195
 If Pell Grant not available, please indicate reason: EFC Too High Not Meeting SAP Other
 Does this student meet Satisfactory Academic Progress? Yes No
 Total amount of Gift Aid/Grants/Scholarships offered (2019-20 Yearly Total only, including Pell Grant amount): \$ _____
 Student's major: Healthcare Professions, AS Student's Cumulative GPA (not required if student is newly admitted): 0 new admitted
 Student's grade level (FR, SO, JR, SR): SO
 Signature of Financial Aid representative: [Signature] Date: 1-9-2020
 Print Name: Terri Swab Direct Phone: 304-260-4380 ext 2123
 Email: tswab@blueridgectc.edu

Financial Aid Representative: Please return this form to the student.
Student: Please use the Upload Supporting Documents tool in the Kids' Chance of Maryland Scholarship application portal to upload the completed document as a pdf.