UNIVERSITY OF CHARLESTON
OFFICE OF FINANCIAL AID

HIGHER EDUCATION ADULT PART-TIME STUDENT GRANT APPLICATION

The goal of the Higher Education Adult Part-Time Student Grant Program is to encourage and enable West Virginia Students that demonstrate financial need to continue their education on a part-time basis at the post-secondary level.

CAMPUS (circle): **UC-Charleston** **UC-Beckley** **UC-Online**

Student's Name _____Student's ID Number_____

Student's Social Security Number_____ Student's Date of Birth _____

Address: _____

(City) (State) (Zip)

University of Charleston Enrollment Status: (for which semester are you applying?) ex.

Year: _____ Term: _____ Credit Hours Enrolled: _____

Completion of the Free Application for Federal Student Aid (FAFSA) is required to determine eligibility. See the attached form for eligibility requirements.

_____ _____

Student's Signature Date

Return your completed form to:

Mail: University of Charleston- Office of Financial Aid
2300 MacCorkle Ave SE
Charleston, WV 25304
Phone: 304.357.4944
Fax: 304.352.0011
Email: ucfinancialaid@ucwv.edu

FOR OFFICE USE ONLY

WV Resident:	Y____ N____	Term:	_____
US Citizen:	Y____ N____	Date:	_____
Cumulative GPA:	_____	Award $:	_____
FAFSA Complete:	Y____ N____	EFC:	_____
Verification Docs:	Y____ N____	NOTES:	

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