



OFFICE OF HIGHER EDUCATION
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**Aspiring Teachers of Color Scholarship
 Pilot Program
 Application**

2022-2023

Application

Page 2 – College or University Section

Student Info – All Information Required

Student Name	Social Security Number (last 4 digits)
College or University Name	Federal School Code
Student Gender Identity	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Another Gender Identity not listed <input type="checkbox"/> Unknown
Student racial or ethnic identity (Check all that apply):	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Two or more races or ethnicities	<input type="checkbox"/> Unknown

Financial Aid Office Verification of Student Status – All Information Required

Is this an initial or updated version of this form?	<input type="checkbox"/> Initial <input type="checkbox"/> Updated
Current degree student is seeking:	<input type="checkbox"/> Bachelor’s <input type="checkbox"/> Graduate/Master’s <input type="checkbox"/> Post-Baccalaureate <input type="checkbox"/> Early Childhood Education Program
Current Student FA Eligibility Status:	<input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> Other

Academic Information – Teacher Preparation Programs Students Only – Information Required for Payment

Licensure area (s)	
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Financial Aid Office Student Budget Data – All Information Required

Important:	List grants, scholarships, and institutional aid the student is receiving or expected to receive. Do not list state or federal work-study or federal, state, or private loans.					
Budget Period:	From:	To:	Title IV Cost of Attendance (COA) for this term:	\$		
Total EFC:	Total Resources (Parent + Student EFC):					\$
Terms	Summer 1	Fall	Winter	Spring	Summer 2	Total
Start Date						
Enrollment Level (# of credits)						
Assessed Need (COA – EFC)						\$
Federal/State/ College/Private/ Other Aid/Multiple sources can be combined on same line	Pell					\$
	SEOG					\$
	MN ST GT					\$
						\$
						\$
						\$
Balance	\$	\$	\$	\$	\$	\$

Financial Aid Office Certification

College or University Authorized Representative Name:	
Signature	Date