



**2017-2018 Request for Confirmation of Financial Aid**

**Important Notes:**

- This form is used when a student is applying for aid other than federal financial aid and the application required for consideration for that aid must have financial aid status or funding information.
- This is **not** an application for consideration of aid that is awarded by the Louisiana Tech University Financial Aid Office.
- Include any forms or information with your request that will help us complete your request accurately and in a timely manner.

Date:  Tech CWID# or SSN:

Last Name:

First Name:  Student Signature: \_\_\_\_\_

**Directions:** Please complete the information below to indicate why you are requesting confirmation of your aid.

- Louisiana Department of Children and Family Services (**choose all that apply**)
  - Child Care Assistance Program (CCAP)
  - Family Independence Temporary Assistance Program (FITAP)
  - Kinship Care Subsidy Program (KCSP)
  - Supplemental Nutrition Assistance Program (SNAP) (*formerly the Food Stamp Program*)

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- GMAT Fee Waiver Request - Student **MUST** have applied for Grad School in Business (current Tech students only), have a completed fin aid file which includes FAFSA and all documents, and have remaining financial need.
 

Department:  Approved  Denied      Financial Aid:  Approved  Denied

Signature: \_\_\_\_\_      Signature: \_\_\_\_\_

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- GRE Fee Reduction Certificate (fee waiver) - (*indicate which test will be taken*)
 

**Choose One:**  General Test       Subject Test

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- PRAXIS Fee Waiver Request - *Attach the Fee Waiver Request form with all necessary information completed.*

**Choose One:**  Paper Delivered Fee Waiver Request       Computer Delivered Fee Waiver Request

**Choose One:**  Admission to Teacher Education Program       Initial Teacher Certification

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- Scholarship - *Information is needed regarding my financial aid for a scholarship application. I have attached any forms that might be needed to process this request.*

Scholarship Name:

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- Other Request - *Include name, description, or reason for request below.*

Confirmations will be available to pick up in three to four working days. Please complete the following:

- I will pick up** (*This information will be destroyed if not picked up within one month from date of request.*)
- Please mail this information to me at:**

Street:  Apt:

City:  State:  Zipcode: