



2020-2021 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*)

- 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: _____

- 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

- 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:

- 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: