

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Please return this completed form to:

Louisiana Tech University Office of Financial Aid

Approved

Denied

Request for Confirmation of Financial Aid 2023-2024 PO Box 7925 Ruston, LA 71272

- 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 Office of Financial Aid.
- Include any forms or information with your request that will help us complete your request accurately and in a timely maner.

| STUDENT'S Last Name | First Name | MI | STUDENT'S CWID or SSN |
|--|------------|----------|--|
| STUDENT'S Mailing Address (include Apt. No.) | | | STUDENT'S Date of Birth (MM/DD/YYYY) |
| City | State | Zip Code | STUDENT'S Home Phone (Include area code) |
| STUDENT'S Email Address | | | STUDENT'S Cell Phone (Include area code) |

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

Louisiana Department of Children and Family Services (choose all that apply):

Child Care Assistance Program (CCAP)

Family Independence Temporary Assistance Program (FITAP)

Denied

Kinship Care Subsidy Program (KCSP)

Approved

Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program)

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

Signature: Signature:

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

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

Office of Financial Aid:

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

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:

Department:

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

Requesting Entity Deadline:

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)

Email Request (Please provide a name and address of where request is to be sent)

Please mail this information to:

Mailing Address (include Apt. No.) City State Zip

Student's Signature: FAF2324029 Rev. 09/16/2022 Date: