

## LOUISIANA TECH UNIVERSITY Office of Financial Aid

Please return this completed form to:

Louisiana Tech University Office of Financial Aid

## Request for Confirmation of Financial Aid 2024-2025 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	STU	STUDENT'S CWID or SSN		
STUDENT'S Mailing Address (include Apt. No.)			STU	STUDENT'S Date of Birth (MM/DD/YYYY)		
City	State	Zip Code	STU	STUDENT'S Home Phone (Include area code)		
STUDENT'S Email Address			STU	STUDENT'S Cell Phone (Include area code)		
<b>DIRECTIONS:</b> 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)						
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 La Tech students only), have a completed Financial Aid File which includes FAFSA and all documents, and have remaining financial need.						
Department: Approved	Denied	Office of Financial Aid:		Approved	Denied	
Signature:	Signature:					
PRAXIS Fee Waiver Request - Attach the Fee Waiver Request form with all necessary information completed						
Choose One: Paper De	livered Fee Waive	er Request Computer		r Delivered Fee Waiver Request		
Choose One: Admission	n to Teacher Educ	ation Program	Initial Teacher	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:						
Outside Scholarship / Other - Include name, description, or reason for request below.						
Requesting 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: Date:

FAF2425029 Rev. 11/14/2023