

Maryland State Department of Education
Division of Rehabilitation Services
Financial Aid Information Exchange

To: Financial Aid Administrator

Institution: _____

Address: _____

Fax: _____

Return to:

DORS Counselor: _____

Address: _____

Phone: _____ Fax: _____

Re:

Student Name: _____

Date of Birth: _____ DORS Participant ID: _____

The Division of Rehabilitation Services (DORS) is providing services to the student named above who has enrolled at your educational institution for the following academic year or grading period:

_____.

This student receives Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) and may be eligible for a tuition waiver at a Community College: ☐ Yes ☐ No

A. Consent for Exchange of Information: (To be completed by the student.)

I authorize the exchange of information related to the funding of my educational program between the DORS counselor and the institution's Financial Aid Administrator.

Student Signature/Date

Representative Signature/Date, if appropriate

College/University ID: _____

B. To be Completed by the Financial Aid Administrator:

To assist DORS in determining the amount of financial assistance which can be provided to this student, please complete, sign and date the following, and return it to the DORS office above.

Federal law requires that DORS provide financial assistance for educational/training expenses only after "maximum efforts have been made by the designated State unit [DORS] and the individual to secure grant assistance, in whole or in part, from other sources to pay for such training" (Rehabilitation Act Amendments of 1998, Section 103(5)).

Enrollment Status: This student is enrolled:

☐ **Part-time** – number of credits: _____ ☐ **Full-time** – number of credits: _____

FAFSA: This student has completed the FAFSA for this academic year: ☐ Yes ☐ No

If no, please explain:

Educational Costs:

Tuition: \$ _____
Mandatory fees: \$ _____
Room: \$ _____
Board: \$ _____

Check one:

Per: ☐ semester ☐ grading period ☐ year

Community College: ☐ In-County Rates ☐ Out-of-County Rates ☐ Not Applicable

Grants/Scholarships Awarded: Indicate type, amount, timeframe and whether merit/need based.

Type of Grant/Scholarship	Non-Merit: Financial Need	Non-Merit: Other	Merit	Amount	Per Semester	Per Grading Period	Per Year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify any of the above that are institution specific:

Community College – Waiver of Tuition: ☐ No ☐ Yes

If yes, please list courses to be taken, amount of tuition charged and amount of tuition waived:

Course	Amount of Tuition Charged	Amount of Tuition Waived
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Financial Aid Administrator Signature/Date

Phone: _____ Email: _____