

Appendix F. Sample Student File Worksheet

Name of Institution:					OPE ID#:		
STUDENT FILE WORKSHEET							
Name <input type="checkbox"/> M <input type="checkbox"/> F		SSN	Award Yr. Reviewed	Enrollment Date	Enrollment Status <input type="checkbox"/> F <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> <1/2	Grade Level	Hrs/Cred Earned
Program of Study		Program Length	Academic Yr. Length	Midpoint Date	Grad/Wthdl Date	<input type="checkbox"/> Indep <input type="checkbox"/> Dep PJ Dep. Override Doc? <input type="checkbox"/>	
		GPA	Meets SAP Requirements?	Marital Status <input type="checkbox"/> Mrd. <input type="checkbox"/> Sgl.	<input type="checkbox"/> Attending Elig. Location	<input type="checkbox"/> Elig. Program	DOB / /
Student Eligibility:		<input type="checkbox"/> Citizen <input type="checkbox"/> Perm Res <input type="checkbox"/> Alien Reg #	<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED	<input type="checkbox"/> NSLDS Matches: <input type="checkbox"/> Overpayments	<input type="checkbox"/> Default <input type="checkbox"/> Loan Limits <input type="checkbox"/> Financial Aid History		
		<input type="checkbox"/> ATB <input type="checkbox"/> Approved ATB Test	<input type="checkbox"/> SSN <input type="checkbox"/> Selective Serv.				
Budget		Scheduled Award		Verification			
Tuition		PELL		<input type="checkbox"/> CPS <input type="checkbox"/> Institutional <input type="checkbox"/> QA <input type="checkbox"/> Not Selected			
Fees		FSEOG		H/H Size:		Federal Perkins Loan	
Books/Supplies		Federal Perkins		# in college:			
Room/Board		FWS		Parent AGI:		<input type="checkbox"/> Signed Note	
Personal Exp		Sub Stafford		Student/Spouse AGI:		<input type="checkbox"/> Counseling	
Transportation		Unsub Stafford		Parent taxes:		<input type="checkbox"/> Signed Repayment	
Dependent Care		Sub Direct		Student/Spouse taxes:			
Misc.		Unsub Direct		Parent Untaxed:			
Total COA		PLUS		Student/Spouse Untaxed:			
<u>-FC</u>		Other		EIC:		FWS	
= Financial Need		Other		Verification completed correctly? Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Signed Timesheets	
		Other		If No, enter deficiencies:			
		Total Aid		Conflicting Information resolved? <input type="checkbox"/>			
Return of Title IV calculated?		Unmet Need		PJ Used <input type="checkbox"/> PJ Documented <input type="checkbox"/>			
Title IV Returned as required?		Overaward					
FFEL/Direct		FFEL	Direct	PLUS	FFEL/Direct Loan Eligibility Information		
COA		Amt, Certified/Originated			Default Data Rate: <input type="checkbox"/> Required	<input type="checkbox"/> Entrance Counseling	<input type="checkbox"/> SSCR - OK
EFA		Date Certified/Originated					
FC		Disbursement Amount			Default Mgmt Plan	<input type="checkbox"/> Exit Counseling	
Need		Loan Period				<input type="checkbox"/> Proration	

Name of Institution:

OPE ID#:

STUDENT DISBURSEMENT WORKSHEET

Name	SSN	Midpoint	Last Date of Attendance	Scheduled Pmt. Periods	Actual Pmt. Periods
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Pe11		Award: \$	
Date	Chk/Ref#	Amount Credited	Amount Paid to Student
Total Disbursements:			

FSEOG		Award: \$	
Date	Chk/Ref#	Amount Credited	Amount Paid to Student
Total Disbursements:			

Perkins		Award: \$	
Date	Chk/Ref#	Amount Credited	Amount Paid to Student
Total Disbursements:			

FWS		Award: \$	
Date	Chk/Ref#	Amount Credited	Amount Paid to Student
Total Disbursements:			

FFEL/ Direct		Award: \$	
q 1st Disbursement Delayed - 30 Days (if required)			
		1st Disb	2nd Disb
Date received			
Date to Student			
Amount to Institution			
Credit Balance Created			
Amount to Student			
Date Refund made			
Refund Amount			
Total Disbursements:			

PLUS		Award: \$	
q 1st Disbursement Delayed - 30 Days (if required)			
		1st Disb	2nd Disb
Date received			
Date to Student			
Amount to Institution			
Credit Balance Created			
Amount to Student			
Date Refund made			
Refund Amount			
Total Disbursements:			

