



EOF PART-TIME FUNDING FORM

Name _____ Date _____

Address _____
Street Apt./Fl. City State Zip

Home Telephone _____ Work Telephone _____

Social Security Number: _____ RUID#: _____

Requesting funding for (year): Fall _____ Spring _____

Student will graduate (year): Fall _____ Spring _____

Number of credits currently enrolled: _____

Cumulative credits: _____ Cumulative GPA: _____

Reason for part-time funding:

Student Signature & Date _____

COUNSELOR USE ONLY:

Approved by: _____ Date: _____

Is the student requesting part-time funding or as a part-time graduating senior?

- Part-time Part-time Graduating Senior