



**Office of Student Financial Aid**  
Missouri State University

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## 2023-2024 Documentation of Assistance Vocational Rehabilitation/Rehab. Services for the Blind

NAME \_\_\_\_\_  
Last
First
MI
M  
BearPass ID

SEMESTER     FALL                       SPRING                       SUMMER                      Check all that apply

Students receiving educational assistance for tuition and fees from a vocational rehabilitation program are required to provide the Office of Student Financial Aid (OSFA) **with documentation of additional assistance received**, including assistance which may be paid directly to the student (such as expenses for books, supplies, room, board, housing, maintenance and transportation).

The OSFA will request this documentation of benefits from each student who receives support from a vocational rehabilitation program at the beginning of each academic year before releasing any federal, state or institutional financial aid. Documentation of benefits must be confirmed by the student's vocational rehabilitation counselor. Counselors may provide documentation to the student by using this form to document assistance received **or must confirm if the student is not receiving and/or is not expected to receive any assistance other than tuition and fees.**

Report specific amounts for the academic year or summer, **even if estimated.**  
**DO NOT LEAVE ANY BLANKS.** Enter \$0 if appropriate.

	Fall 2023	Spring 2024	Summer 2024
Tuition & Fees	\$	\$	\$
Books & Supplies	\$	\$	\$
Room/Board/Boomer	\$	\$	\$
Maintenance/Housing	\$	\$	\$
Transportation	\$	\$	\$

**OR**

I confirm that the student is not receiving and not expected to receive any assistance other than tuition and fees.

As the above student's Vocational Rehabilitation Counselor, I confirm the above information regarding this student's education assistance is complete and true to the best of my knowledge.

\_\_\_\_\_  
VOC REHAB COUNSELOR SIGNATURE DATE  
(Digital signature accepted if emailed from counselor email account)

\_\_\_\_\_  
VOC REHAB COUNSELOR (PLEASE PRINT/TYPE) DATE