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Documentation of Assistance Vocational Rehabilitation/Rehab. Services for the Blind

NAME			M
Last	First	MI	BearPass ID
SEMESTER FALL	SPRING	SUMMER	Check all that apply
are required to provide the	Office of Student Financ ng assistance which ma	cial Aid (OSFA) <i>with d</i> by be paid directly to t	ational rehabilitation program ocumentation of additional the student (such as expenses on).
vocational rehabilitation pr state or institutional financi vocational rehabilitation co	ogram at the beginning al aid. Documentation o unselor. Counselors may e received <i>or must conf</i>	of each academic yea of benefits must be co y provide documental irm if the student is no	who receives support from a r before releasing any federal, infirmed by the student's tion to the student by using this of receiving and/or is not expected
Report spe	ecific amounts for the acad		
	DO NOT LEAVE ANY BLA	NKS. Enter \$0 if appro	priate.
	Fall	Spring	Summer
Tuition & Fees	\$	\$	\$
Books & Supplies	\$	\$	\$
Room/Board/Boomer	\$	\$	\$
Maintenance/Housing	\$	\$	\$
Transportation	\$	\$	\$
than tuition and fe	es. tional Rehabilitation Co	unselor, I confirm the	above information regarding knowledge.
VOC REHAB COUNSELOR SI (Digital signature accepted if e	=:	mail account)	DATE
VOC REHAB COUNSELOR (F	PLEASE PRINT/TYPE)		DATE