



HIGHER EDUCATIONS ADULT PART-TIME STUDENT GRANT PROGRAM

(HEAPS)

2011-2012 APPLICATION

Name: _____

ID #: _____

Mailing Address: _____

Telephone Number: _____

Date of High School Graduation: _____

WV Resident: _____ Yes _____ No

Date of Residency: _____

Degree Program: _____

Expected Enrollment:

Fall 2011 _____

Spring 2012 _____

Financial Aid Office Use Only

Fall Hours: _____

Fall Cost: \$ _____

Spring Hours: _____

Spring Cost: \$ _____