



## 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 \_\_\_\_\_

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### 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