



**HIGHER EDUCATION ADULT PART-TIME STUDENT GRANT PROGRAM
(HEAPS)
2017-2018 APPLICATION**

Name: _____

ID #: _____

Mailing Address: _____

Telephone Number: _____

Date of High School Graduation: _____

WV Resident: ____ Yes, ____ No

Date of Residency: _____

Degree Program: _____

Expected Enrollment:

Fall 2017 ____

Spring 2018 ____