



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

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_

WV Resident: \_\_\_\_ Yes \_\_\_\_ No

Date of Residency: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Expected Enrollment:

Summer 1 \_\_\_\_

Summer 2 \_\_\_\_

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**Financial Aid Office Use Only!**

**FA Counselor's Section**

Cumulative Overall GPA \_\_\_\_

# Hours Enrolled: \_\_\_\_

**Director's Section**

Circle one: APPROVED / DENIED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_