



**HIGHER EDUCATION ADULT PART-TIME STUDENT GRANT PROGRAM
(HEAPS)
2019-2020 APPLICATION**

Name: _____

ID #: _____

Mailing Address: _____

Telephone Number: _____

Date of High School Graduation: _____

WV Resident: ____ Yes ____ No

Date of Residency: _____

Degree Program: _____

Expected Enrollment:

Fall 2019 ____ credit hours

Spring 2020 ____ credit hours

Financial Aid Office Use Only!

FA Counselor's Section

Cumulative Overall GPA _____

Hours Enrolled: _____

Director's Section

Circle one: APPROVED / DENIED

