



**HIGHER EDUCATION ADULT PART-TIME STUDENT GRANT PROGRAM  
(HEAPS)  
2020-2021 APPLICATION**

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

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

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

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

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

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

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

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

Expected Enrollment:

Fall 2020 \_\_\_ credit hours

Spring 2021 \_\_\_ credit hours

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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

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