



Voyager Tuition Assistance Program

Please return this form with attachments to:

Oregon Institute of Technology

Financial Aid Office

3201 Campus Drive

Klamath Falls, OR 97601

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Social Security Number _____

Filed FAFSA for the current year Yes No

If no, apply online at www.fafsa.ed.gov. List OIT by using school code 003211

Military Unit Number _____

Current Reservist Yes No

Did you serve in Iraq/Afghanistan for 30 days or more

Yes No

Unit Education Officer Signature

Date

Certification and Consent to Release Information for All Applicants:

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested including a copy of my DD214 if applicable. I give permission to selection committees to review information on this form, my transcripts, my need for financial assistance based on federally approved needs analysis, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and college officials for additional academic and/or financial information. I also give permission for the U.S. Department of Education to release information I have provided on my *Free Application for Federal Student Aid (FAFSA)* form to Oregon Institute of Technology. With reference to the Privacy Act of 1974 (5 U.S.C. 522a): I acknowledge that I disclose my social security number as a voluntary, but necessary action for the purpose of identification (which may include

sharing such information with donors) and to enable OIT to locate and make appropriate use of the information on my FAFSA form. If selected to receive a scholarship, I give permission for a publicity release. I give my consent to college officials to release any information regarding my performance as a student, which may include information contained within student records. My consent will remain in effect from the date indicated below until I submit written notification rescinding this request.

Signature

Name (Please Print)

Social Security Number

Date