MISSOURI COORDINATING BOARD FOR HIGHER EDUCATION STUDENT FINANCIAL AID AWARDED DHE14-1

INTERNAL (not submited to MDHEWD)

Completed by: Institution: Date Completed: Reporting Period: Email: Telephone:

Type of Aid **Undergraduate Students Graduate Students** Total HCT HCT \$ Amount HCT \$ Amount \$ Amount Section A: Financial Aid Awarded from Federal Sources **(D)** Need Item (A) **(B)** (C) **(E) (F)** Scholarships, Fellowships, and Grants

Section C: Financial Aid Awarded from State of Missouri Sources Scholarships, Fellowships, and Grants			