

MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION
Office of Student Financial Assistance
Cash Grant Program & Need-Based Tuition Waiver Program
2014-2015 Report of Expenditures



NAME OF INSTITUTION: _____

PROGRAM	ALLOCATION/ AUTHORIZATION	TOTAL AWARDED	TOTAL UNEXPENDED	TOTAL NO. OF RECIPIENTS
Cash Grant				
Tuition Waiver				

** A check for unexpended Cash Grant funds must accompany this report. Please make check payable to the Commonwealth of Massachusetts.

Please report the number of recipients in each income category:

	<u>Cash Grant</u>		<u>Tuition Waiver</u>	
	Dependent	Independent	Dependent	Independent
0 – 19,999	_____	_____	_____	_____
20,000 – 39,999	_____	_____	_____	_____
40,000 – 59,999	_____	_____	_____	_____
60,000 – 79,999	_____	_____	_____	_____
80,000 – and over	_____	_____	_____	_____
Average EFC	_____	_____	_____	_____
Average Award	_____	_____	_____	_____

 NAME OF PERSON COMPLETING THIS FORM TITLE

 TELEPHONE NUMBER FAX NUMBER E-MAIL

 SIGNATURE DATE

Return by July 31, 2015
 Massachusetts Department of Higher Education
 Office of Student Financial Assistance
 454 Broadway, Suite 200
 Revere, Massachusetts 02151