Print Form

INSTITUTION APPLICATION

Peer Counselor Program

Name of Institution _____ OPEID # _____

Name of Director of Financial Aid _____

Address _____

City _____ County _____ State _____ Zip _____

Fall 2007 headcount _____ Fall 2007 FTE _____

Indicate the programs your institution currently participates in:

- ☐ Federal Pell
- ☐ Federal Perkins Loan
- ☐ FWS
- ☐ Federal Stafford Loan
- ☐ FSEOG
- ☐ Federal PLUS
- ☐ TSAA
- ☐ TELS Programs

Unduplicated number of students receiving aid from all sources in 2007-2008 _____

Person who will be responsible for supervising the peer counselors:

Name _____ Title _____

Phone Number (_____)_____ Email Address _____

How many peer counselors are you willing to train? _____

Return this form to:

Darolyn Porter
Suite 1510, Parkway Towers
404 James Robertson Parkway
Nashville, TN 37243-0820
Phone: (615) 253-7472
Fax: (615) 741-5555
darolyn.porter@state.tn.us

Please return by October 15, 2008