



WATC

WICHITA AREA TECHNICAL COLLEGE

2016-2017 Reinstatement of Financial Aid Request

Student ID: W00_____ Social Security #: _____ - _____ - _____

First Name: _____ Last Name: _____

I request that my financial aid be reinstated for the following term(s):

(Check Mark Box)

	Fall 2016	Spring 2017	Sum 2017
All Financial Aid			
Subsidized Direct Stafford Loan			
Unsubsidized Direct Stafford Loan			
Pell Grant			

Student Signature: _____ Date: _____

Please return this form to:
Wichita Area Technical College
Attn: Financial Aid
4004 N Webb Rd
Wichita, KS 67226