

**LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE
GRANT OPPORTUNITY FOR YOUTH CHALLENGE SKILLS TRAINING PROGRAM
(GO-YOUTH CHALLENGE PROGRAM)**

PAYMENT REQUEST FORM

INSTITUTION NAME: _____

INSTITUTION ID: _____ **ACADEMIC TERM:** _____

	LAST NAME	FIRST NAME	MI	SSN	NO. OF HOURS ENROLLED AS OF THE 14th CLASS DAY* **	PROGRAM OF STUDY	AMOUNT BILLED
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	TOTAL AMT. BILLED						

Certifying Official Signature/Title

Date

* Do not include hours for courses from which a student has withdrawn.

** If student is enrolled less than full-time but considered program full-time, indicate "PFT" as well as number of hours enrolled. (See TOPS Bulletin T2001-03, Billing and Renewal for Eligible Part-Time Participants.)