

For your convenience, the PDF version of this form can be used to enter your information directly into the form. You may also print the application and complete it. However, both methods require you to sign the application **IN INK** and send the completed form to PHEAA for processing. Please send request forms to :

PHEAA/SWSP
State Grant and Special Programs
PHEAA, P.O. Box 8114
Harrisburg, PA 17105-8114

Applications received without a signature will not be processed. Digital signatures will not be accepted.

SWSP Information Request Form

RETURN to PHEAA/SWSP, State Grant and Special Programs, P.O. Box 8114, Harrisburg, PA 17105-8114

PLEASE PRINT CLEARLY. Illegible information may cause delays in processing your request.

SOCIAL SECURITY # _____ NAME _____

PERMANENT HOME ADDRESS _____
(Must include a street address)

HOME COUNTY NAME _____ HOME COUNTY CODE* _____

HOME PHONE # (INCLUDING AREA CODE) _____ CELL PHONE # (INCLUDING AREA CODE) _____

E-MAIL ADDRESS (IF APPLICABLE) _____

SCHOOL CODE* _____ SCHOOL NAME _____

MAJOR CODE* _____ MINOR CODE* _____

ONLY LIST AN ALTERNATE ADDRESS IF YOU WISH TO HAVE SWSP CORRESPONDENCE MAILED TO AN ADDRESS OTHER THAN YOUR PERMANENT HOME ADDRESS.

ALTERNATE ADDRESS _____

ALTERNATE PHONE # (INCLUDING AREA CODE) _____ COUNTY CODE* _____

IF YOU WISH PHEAA TO SEND YOU THE NAMES OF POTENTIAL SWSP EMPLOYERS, LIST YOUR COUNTY CODE CHOICES BELOW.

COUNTY CODE* _____ COUNTY CODE* _____ COUNTY CODE* _____

COUNTY CODE* _____ COUNTY CODE* _____ COUNTY CODE* _____

***REFER TO CODE LISTINGS. IF ANY OF THE REQUIRED CODES ARE NOT ON THE LIST, WRITE THE INFORMATION IN THE SPACE PROVIDED.**

I AUTHORIZE PHEAA TO RELEASE MY NAME, ADDRESS AND TELEPHONE NUMBER TO POTENTIAL EMPLOYERS. I UNDERSTAND THIS DOES NOT GUARANTY SWSP APPROVAL.

SIGNATURE

DATE