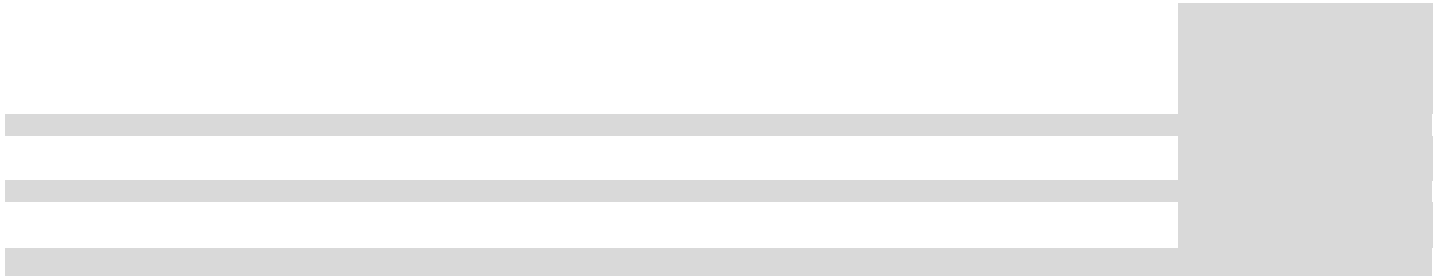


MISSOURI COORDINATING BOARD FOR HIGHER EDUCATION
STUDENT FINANCIAL AID AWARDED
DHE14-1

INTERNAL (not submitted to MDHEWD)

Completed by:
Institution:
Date Completed:
Reporting Period:
Email:
Telephone:

Type of Aid	Need	Undergraduate Students		Graduate Students		Total		
		Item	HCT (A)	\$ Amount (B)	HCT (C)	\$ Amount (D)	HCT (E)	\$ Amount (F)
Section A: Financial Aid Awarded from Federal Sources Scholarships, Fellowships, and Grants								



**Section C: Financial Aid Awarded from State of Missouri Sources
Scholarships, Fellowships, and Grants**

Name of Student	Source of Award	Amount
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]