Award fear.	State:						
READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM							
PART I: <u>General</u> Student Assistance Information							
Total state (non-Federal) expenditures for grants and work-stu July 1, 2008 to June 30, 2009 reporting period:	udy jobs for students (415C(b)(6)&(10) and 4	15E(e)&(f), HEA) in the				
(a) Total state-appropriated funds spent for need-based av	wards:						
(b) All other state funds spent for need-based awards:							
(c) Total state funds spent for non-need based awards:							
(d) TOTAL State Aid (a+b+c)							
PART II: <u>LEAP</u> Information							

Section A: LEAP Grant Expenditures by $\underline{\text{Type of Institution}}$

		Dep	endent Student	Recipients	Independent Student Recipients		
Type of I	nstitution	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Public:	2-year						
	4-year						
Private Nonprofit:	2-year						
	4-year						
Other Nonprofit: ((Public or Private)						
Proprietary: (For-l	Profit)						
Tot	als	Ï			1		

Section B: LEAP Community Service Work-Study Expenditures by Type of Institution

		Dependent Student Recipients			Independent Student Recipients		
Type of Institution		Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Public:	2-year						
	4-year						
Private Nonprofit:	2-year						
	4-year						
Other Nonprofit: (F	Public or Private)						
Proprietary: (For-Pr	rofit)						
Tota	ls						

Section C: LEAP Expenditures by Income Level - All Student Recipients

(c) Merit, Academic Achievement, or Critical Careers Scholarships

LEAP expenditures (both Federal and state) for grants and community service work-study jobs by income level of recipients ("Income level of recipient" means family income of dependent or independent students, as used to compute the student's financial need).

rever of recipient ineans i	arring income	or dependent of mac _t	schacht stadents, as	used to com	pate the student's in	iariciai ricca).
	D	ependent Student I	Recipients	Inde	pendent Student	Recipients
Income Level of Recipie	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
\$ 0 to \$ 19,999						
\$ 20,000 to \$ 39,999						
\$ 40,000 and Over						
Totals						
Section D: LEAP Recip	oient Inform	ation				
1. Did your state award	LEAP funds	to graduate students	during the report po	eriod?	Yes	○ No
2. Check each student of	enrollment sta	atus box in which a st	tudent may be eligik	ole to receive	e LEAP Program fu	nds.
Full 7	īme	Three Quarter Tir	me	☐ Half Time	Less t	han Half Time
3. The following grid is used to determine whether a state made a reasonable proportion of LEAP funds available to less-than-full-time students if your state's allocation was based in part on the financial need demonstrated by less-than-full-time students. If only full-time students were eligible to receive LEAP funds in your state, you do not need to complete the grid.						
	De	pendent Student R	lecipients	Ind	ependent Studen	t Recipients
Enrollment Status of Recipient	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Full-Time						
3/4 Time						
1/2 Time						
Less Than 1/2 Time						
Totals						
PART III: SLEAP Inform	mation					
Section A: SLEAP Mai	ntenance-of	-Effort (MOE) and A	uthorized Activitie	es		
1. Total state expenditures for postsecondary activities that meet the definition of the SLEAP authorized activities for the 2008-2009 award year:						
2. Indicate each need-based authorized activity your state selected to be part of its SLEAP Program (Federal and non-Federal funds) for the 2008-2009 award year:						
(a) LEAP Grant A	wards Supple	ement				
(b) LEAP Community Service Work-Study Awards Supplement						

Section B: SLEAP Grant Expenditures by Type of Institution

		Dependent Student Recipients			Inde	pendent Student i	Recipients
Type of Inst	titution	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Public:	2-year						
	4-year						
Private Nonprofit:	2-year						
	4-year						
Other Nonprofit: (Pul	blic or Private)						
Proprietary: (For-	-Profit)						
Totals	S						

Section C: SLEAP Community Service Work-Study Expenditures by Type of Institution

		Dep	endent Student	Recipients	Inde	pendent Student	Recipients
Type of Institution		Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
Public:	2-year						
	4-year						
Private Nonprofit:	2-year						
	4-year						
Other Nonprofit: (Pul	olic or Private)						
Proprietary: (For-Profit)							
Totals	•		'		•	'	

Section D: SLEAP Expenditures by Income Level - All Student Recipients

SLEAP expenditures (both Federal and state) for grants and community service work-study jobs by income level of recipients ("Income level of recipient" means family income of dependent or independent students, as used to compute the student's financial need).

	De	pendent Student	Recipients	Independent Student Recipients		
Income Level of Recipient	Number of Dependent Recipients	Total Federal Funds	Total State Funds	Number of Independent Recipients	Total Federal Funds	Total State Funds
\$ 0 to \$ 19,999						
\$ 20,000 to \$ 39,999						
\$ 40,000 and Over						
Totals				!		

Section E: SLEAP Recipient Information 1. Did your state award SLEAP funds to graduate students during the report period? Yes \bigcirc No 2. Check each student enrollment status box in which a student may be eligible to receive SLEAP Program funds. ☐ Full Time ☐ Half Time Three Quarter Time Less than Half Time Dependent Student Recipients Independent Student Recipients Number of Number of **Enrollment Status of** Dependent Total Federal Funds **Total State Funds** Independent **Total Federal Funds Total State Funds** Recipient Recipients Recipients Full-Time 3/4 Time 1/2 Time Less Than 1/2 Time **Totals** FREQUENCY OF REPORT The Leveraging Educational Assistance Partnership and Special Leveraging Educational Assistance Partnership Programs Performance Report is submitted once a year. This report covers your FY 2008 allotment(s) used for student awards between July 1, 2008 and June 30, 2009. Paperwork Burden Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0028. The time required to complete this information collection is estimated to average two hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Financial Partners Services, Federal Student Aid, U.S. Department of Education, 830 First Street, N.E., 111H1, Washington, D.C. 20202. NOTE: Further monies or other benefits may be withheld unless this report is completed and filed as required by existing law (20 U.S.C. 1070c-2) PART IV: Certification by Authorized Official of Agency Save and print completed form for your records. Upon submission, I CERTIFY that the information provided in this Performance Report is based upon information reflected in the official accounting and program records of this agency. Upon request, such records will be made available to the Secretary or his delegate for review. I hereby release to the U.S. Department of Education for deobligation the difference between the total expenditure of LEAP Federal funds reported in Part II, Section C above and the LEAP amount awarded to this state for expenditure in this reporting period. In addition, I hereby release to the U.S. Department of Education for deobligation the difference between the total expenditure of SLEAP Federal funds reported in Part III, Section D above and the SLEAP amount awarded to this state for expenditure in this reporting period.

Document Signature Field	
SIGNED and SUBMITTED BY (TYPE NAME and TITLE):	