Prior to this form being processed, you must complete the 2016-2017 FAFSA at www.fafsa.ed.gov, submit any requested forms and/or documentation, and enroll in all summer courses for which you are requesting aid. Any federal aid utilized in summer will decrease the total amount available in the Fall and Spring.

Name

Phone Number

Expected Graduation Date

Indicate the Number of Hours Enrolled: Maymester: _____ Summer 1: _____ Summer 2: _____ Summer Extended: ______

Type of Aid Requested (check all that apply): ☐ Pell Grant (if eligible) ☐ Loans* ☐ Work Study

*Note: In order to qualify for loans, you must register for at least 6 undergraduate or 3 doctoral hours over the summer session(s).

Please note: Any aid utilized in the Summer will reduce the aid available during the Fall and Spring.

Housing Plans (check one): ☐ On-Campus Single ☐ Off Campus
☐ On-Campus Double ☐ At Home with Parents

Check the box(es) for the aid coverage you are requesting: ☐ Tuition & Fees ☐ Books ☐ Living Expenses

List any outside Resources (VA, outside scholarships, tuition reimbursement, etc.) you expect to receive in the summer:

Please initial next to each statement as acknowledgement and sign below.

_____ I understand that any federal aid utilized in summer will decrease the total amount available in the Fall and Spring.

_____ I will notify the OFA of any changes in housing, enrollment, or outside resources.

_____ I understand that only loans (federal or private), work-study, Pell grant (if eligible), or outside resources can be applied to summer.

Student’s Signature

Date

For Office Use Only:

Actual Enrollment: _____ Maymester _____ Summer 1 _____ Summer 2 _____ Summer10

Budget _____________ - Prorated EFC* _____________ = Need _____________

*Maymester or Sum 1 or Sum 2 = 1 month each || Sum10, or Sum 1 + Sum 2 = 2 months || Maymester + Sum 1 + Sum 2 = 3 months

Prorated Pell ___________ + Work-study ___________ + Sub Direct loan ___________ + Unsub Direct loan ___________ = ___________

☐ Note on RHACOMM includes budget, EFC, hours, need and award  ☐ Disbursement load adjusted on RPAAWRD (FT, 3/4, 1/2)

Completed By: ___________________________ Date: ___________________________