



Summer 2017 Financial Aid Application
College of Health Sciences - Graduate

Name _____ SUIID # _____
Address _____ Phone # _____
_____ Date _____

- Once you have registered for summer classes, you must submit this application in order to be awarded financial aid for the 2017 summer term. A completed 2016-2017 FAFSA must also be on file with the Office of Financial Aid.
This form should be returned by April 17, 2017 to insure aid will be disbursed by May 5, 2017.
At a minimum, half-time enrollment should be established for summer in order to receive federal aid. For Pharmacy students, half-time status is five (5) hours of enrollment. Nursing and other graduate programs define half-status as three (3) hours of enrollment.
Any offered aid will appear in your Samford Self Service Portal along with any required forms necessary for the disbursement of your aid. Please note that federal loans are typically the only type of aid available for summer. Any scholarships will be awarded by your academic program or department.
IMPORTANT: Any change in enrollment once aid has been awarded or disbursed may cause an adjustment in your eligibility, including full or partial cancellation of your aid. Please notify the Office of Financial Aid of any changes in enrollment.

Please answer the following for Summer Term 2017:

- Are you an undergraduate or graduate student for summer 2017? If undergraduate, please use the other Summer Aid Application.
Did you complete a degree with the conclusion of Spring 2017? Yes No If so, which degree?
Degree and Major for which you are taking summer course(s):
Where will you live during Summer 2017? On Campus Off Campus Off Campus With Parents
Indicate the NUMBER OF HOURS for which you are registered:
Will you be studying abroad this summer? Yes No
If yes, what program will you attend? If yes, what is your departure date?
Name of School/Dept associated with trip: Name of Lead Instructor:
I expect to receive funds for Summer Term 2017 from one or more of the following sources (check all that apply):
Athletics ETB Other/Outside Resource, name and amount?

Student Signature _____ Date _____

Please return your completed form after you have registered to:
Office of Financial Aid, 800 Lakeshore Drive, Birmingham, AL 35229 or fax to 205-726-2738

OFA USE ONLY:

Subs \$ _____ Unsubs \$ _____ Other \$ _____
Sch \$ _____ Privs \$ _____ Summer EFC _____
ETB \$ _____ Budget \$ _____ Summer Need _____
Pell \$ _____ PLUSS \$ _____ OFA Initials & Date _____