

Note: If you are a **graduate/professional** student in the College of Health Sciences, there is a separate Summer Aid App for you on our website.



Summer 2017
Financial Aid Application

Name _____ SUID # _____
 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 May 1, 2017 to insure aid will be disbursed by the published payment due date.
- Half-time enrollment should be established for summer in order to receive federal aid. For undergraduate students, six (6) total hours of enrollment is considered half-time. For graduate programs, three (3) hours is typically the minimum to be considered half-time, but program requirements vary. Please check with your department for program specific information.
- 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 aid (loans, Pell Gran, and work study) is typically the only type of aid available for summer.
- **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:

1. Are you an undergraduate or graduate student for summer 2017? (please circle one)
2. Did you complete a degree with the conclusion of Spring 2017? Yes No If so, which degree? _____
3. Degree and Major for which you are taking summer course(s): _____
4. Where will you live during Summer 2017? On Campus Off Campus Off Campus With Parents
5. Indicate the **NUMBER OF HOURS** for which you are registered: _____
 _____ # hrs for full Summer Term May 15 – Aug 17 _____ # hrs for Summer II July 10 – Aug 11
 _____ # hrs for Summer I June 5 – July 7 _____ # hrs for Summer III June 5 – Aug 11
6. 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: _____
7. 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 _____ |