



Samford University
 Summer 2018 Financial Aid Application
 College of Health Sciences - Graduate

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 2018 summer term. A completed 2017-2018 FAFSA must also be on file with the Office of Financial Aid.
- This form should be returned by April 16, 2018 to insure aid will be disbursed by May 4, 2018.
- At a minimum, half-time enrollment should be established for summer in order to receive federal aid. For Pharmacy students, half-time status is two and a half (2.5) hours of enrollment. Other CHS graduate programs define half-time 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 2018:

1. Are you graduate student for Summer 2018? Yes No (If no, please use the other Summer Aid Application)
2. Did you complete your current degree in Spring 2018? Yes No If so, which degree? _____
3. Graduate program for which you are taking summer course(s): _____
4. Where will you live during Summer 2018? On Campus Off Campus Off Campus With Parents
5. Indicate the **NUMBER OF HOURS** for which you are registered: _____
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 2018 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:
Samford University
Student Financial Services
 800 Lakeshore Drive, Birmingham, AL 35229
 Phone: (205) 726.2905 Fax: (205) 726.2738 Email: sfs@samford.edu

OFA USE ONLY:

Unsubs \$ _____ Other \$ _____ NFLP \$ _____
 Privs \$ _____ ETB \$ _____ Budget \$ _____
 PLUGS \$ _____ Sch \$ _____ OFA Initials & Date _____