

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.



Samford University
Summer 2018
Financial Aid Application

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 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 May 1, 2018 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 Grant, 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 2018:

1. Are you an undergraduate or graduate student for Summer 2018? Undergraduate Graduate

2. Did you complete a degree with the conclusion of Spring 2018? No Yes If so, which degree? _____

3. Degree and Major 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: _____

____ # hrs for full Summer Term May 14 – Aug 16 ____ # hrs for Summer II July 9 – Aug 10

____ # hrs for Summer I June 4 – July 6 ____ # hrs for Summer III June 4 – Aug 10

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 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:

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