



Summer 2019 Financial Aid Application
College of Health Sciences - Graduate

Name \_\_\_\_\_ SUID # \_\_\_\_\_
Address \_\_\_\_\_ Phone # \_\_\_\_\_
City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

- Once you have registered for summer classes, you must submit this application in order to be awarded financial aid for the 2019 summer term. A completed 2018-2019 FAFSA must also be on file with Student Financial Services.
This form should be returned by April 15, 2019 to insure aid will be disbursed by May 3, 2019.
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 Student Financial Services of any changes in enrollment.

Please answer the following for Summer 2019:

- 1. Are you CHS graduate student for Summer 2019? [ ] Yes [ ] No (If no, please use the other Summer Aid Application)
2. Did you complete your current degree in Spring 2019? [ ] Yes [ ] No If yes, which degree? \_\_\_\_\_
3. Graduate program for which you are taking summer course(s): \_\_\_\_\_
4. Where will you live during Summer 2019? [ ] 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 2019 from one or more of the following sources (check all that apply):
\_\_\_ Athletics \_\_\_ ETB\* \_\_\_ Other/Outside Resource, name and amount? \_\_\_\_\_

\*If you are eligible to use Samford's Employee Tuition Benefit, ETB, for the summer, please complete the online application so your benefit can be processed: https://samford.qualtrics.com/jfe/form/SV\_6JNVqSqVBul6pSt.

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: onestop@samford.edu

SFS USE ONLY:

UNSUBS \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ NFLP \$ \_\_\_\_\_
PRIVS \$ \_\_\_\_\_ ETB \$ \_\_\_\_\_ Budget \$ \_\_\_\_\_
PLUGS \$ \_\_\_\_\_ SCH \$ \_\_\_\_\_ SFS Initials & Date \_\_\_\_\_