



Office of Financial Aid

Financial Aid Summer School Application
2004 – 2005 Academic Year
(Summer 2005)

Name: _____ SSN: _____

Local Address: _____

Local Phone #: _____ cell/work #: _____

On which campus are you planning to attend Module V? _____

Expected Date of Graduation: _____

Are you a Danville Nursing Student? Yes No

How many hours have you enrolled, or do you plan to enroll, for the summer term? _____

(In order to receive financial aid assistance for the summer term, you must be enrolled for at least 6 credit hours).**

Please indicate your housing plans:

Residence Hall With Parents Maintain my own place of residence

Will you be receiving outside scholarship(s) or employer reimbursement? Yes No

If so, please indicate the source and dollar amount of the award:

SOURCE

AWARD AMOUNT

Summer Financial Aid is awarded from your 2004-2005 financial aid eligibility. Danville Nursing students, who will be graduating in December, will be awarded based on your 2005-2006 eligibility.

****NOTE: REGISTRATION FOR SUMMER SCHOOL IS NOT COMPLETE UNTIL YOU HAVE COMPLETED A PAYMENT AGREEMENT IN THE BUSINESS OFFICE.**

Student's Signature

Date