



Financial Aid Summer School Application
2007 – 2008 Academic Year
(Summer 2008)

Name: _____ SSN: _____ ID # _____

Local Address: _____

Local Phone #: _____ Cell/Work #: _____

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

Expected Date of Graduation: _____

Are you a SCD Nursing Student? _____ Yes _____ No

How many hours have you enrolled, or 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.**)

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 2007-2008 financial aid eligibility. Nursing students who will be graduating in December 2008 will be awarded based on your 2008-2009 eligibility, and must complete the 2008-2009 FAFSA prior to being awarded summer aid.

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

Student's Signature

Date