



Financial Aid Summer School Application
2009-2010 Academic Year
(Summer 2010)

Name: _____ SSN: _____ ID # _____

Local Address: _____

Phone #: _____ Email Address: _____

On which campus are you planning to attend for the summer? _____

Expected Date of Graduation: _____

Are you an SCD Nursing Student? Yes No

How many hours have you enrolled, or do you plan to enroll, for the summer term? _____
(In order to receive Stafford student loans, you must be enrolled for at least 6 credit hours.)

If you will be attending classes at another institution during the summer term, you will need to complete a consortium agreement. Once you have completed the student portion of the agreement, please submit it the “visiting institution”. The agreement can be found on the Midway College website- <http://www.midway.edu/sites/default/files/ConsortiumAgreement.pdf>

In order to receive the best possible financial aid package, you will need to complete a 2010/2011 FAFSA prior to start of the summer 2010 term.

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

Student’s Signature

Date