2015 Summer Financial Aid Application

YOU WILL ONLY BE AWARDED SUMMER FINANCIAL AID IF YOU HAVE REMAINING ELIGIBILITY AND HAVE MET ALL OF THE FOLLOWING CONDITIONS:

- Filed a 2014-2015 FAFSA with the federal processor prior to June 30th 2015.
- Are fully admitted to Heritage University
- Enrolled for at least half-time (six credits as an undergraduate student or two credits as a graduate student).

NOTE: Some undergraduate students may be eligible for a Pell grant if enrolled in less than twelve credits fall or spring semester.

Please answer all questions below

1. Have you officially registered for summer classes as of this date? YES___ NO___

2. How many credits are you taking this summer? __________

3. My status is (circle one): GRAD UNDERGRAD

4. Have you filed a 2014-2015 FAFSA? YES___ NO___

5. Indicate any of the following resources you will receive during the summer (other than financial aid):
   a. Veteran’s Benefits $__________TOTAL FOR SUMMER
   b. Scholarships $__________TOTAL FOR SUMMER
   c. Other: Tribal, Work Source, People for People, DVR, etc. $__________TOTAL FOR SUMMER

6. IF you would like to request a loan for SUMMER 2015: Either specify a dollar amount below or circle “maximum” if you wish to accept your maximum loan amounts. The loan processor will always increase subsidized loans first and unsubsidized loan last.

   UNDERGRAD: Subsidized $__________ Unsubsidized $__________ OR MAXIMUM

   GRAD: Unsubsidized $__________ OR MAXIMUM

   You must have remaining loan eligibility for the current academic year to be awarded federal loans.

I hereby certify that the above information is true and correct as of the date of this application. I agree to notify the Office of Financial Aid and Scholarships immediately should changes occur. I understand any changes, including cancellation of a class, may change my eligibility for summer financial aid.

_____________________________ _______________________
Student’s Signature Date

_____________________________ _______________________
Print Name Student ID Number

OFAS Use Only

Date received: __________________ Date processed: __________________ Initials of processor: __________

Eligible for summer aid: YES __ NO __ Revised Award Letter: __________

If NO, reason: __________________

Return signed and completed form(s) or other documents to your local campus.
Main Campus: 3240 Fort Rd, Toppenish, WA 98948 Phone: (509) 865-8502 Fax: (509) 865-8659 Email: financial_aid@heritage.edu