

2017 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 2017-2018 FAFSA with the federal processor prior to June 30th 2017.
- 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 2017-2018 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 2017**: 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