

2021 SUMMER AID REQUEST FORM

Student's Name: _____

W#: _____

Telephone Number: _____

Email: _____

I hereby request that the Office of Financial Aid offer all Federal Title IV Financial Aid for the 2021 Summer Semester for which I am eligible or as indicated below. I understand that in order to receive Summer Aid, I must meet all eligibility requirements for Federal Title IV Financial Aid, including meeting Satisfactory Academic Progress. I also understand that my award offer will be adjusted as a result of any enrollment status as of the last day to add classes for the Summer semester.

Please process my award package for the Summer Semester as follows:

- I wish to receive a Pell Grant in the amount for which I am eligible based on Federal Title IV eligibility requirements.
- I wish to receive student loan(s).

Upon receipt of this request, you will be offered the maximum amount of Federal Title IV aid for which you are eligible to receive.

Student's Signature: _____ Date: _____

Please email completed form to fadocs@southeastern.edu

OFFICE OF FINANCIAL AID USE ONLY

Comments: _____

Request Approved Declined/Reason: _____

Financial Aid Counselor: _____ Date: _____