

**Office of Financial Aid**  
2016-2017 Summer Aid Request Form

**Deadline to submit this form: July 29, 2016\***  
**\*or 10 days before your summer classes end; whichever is earlier**

Student Name: \_\_\_\_\_

SSN (last four digits): \_\_\_\_\_

**Do NOT submit this form until you have:**

- **registered at least half-time\* for Summer 2016 and Fall 2016**

**Exceptions:**

- visit our website at [www.ndm.edu/financialaid](http://www.ndm.edu/financialaid) > How to keep it > Policies > Summer Aid and submit the required documentation along with this form

*\*Half-time is 5 credits for Pharmacy students and 6 credits for all other students*

**Housing Status (check one):**     On-Campus     Off-Campus     With Parents

**Expected Graduation Date:** \_\_\_\_\_

**Will you be receiving additional financial assistance for summer semester (e.g. tuition remission, sponsorships)?**

Yes ---Please list the type(s) of aid and dollar amount(s): \_\_\_\_\_

No

**Type of aid requested for summer semester:**

*\*Undergraduate students will automatically be considered for Pell Grant*

Federal Direct Subsidized Loan

Federal Direct Unsubsidized Loan

*Other types of aid for summer require separate applications/documents (TEACH grant, alternative loan, Parent or Graduate PLUS loan).*

**Certification:**

*By signing this form, I confirm that I understand all of the requirements and conditions for summer aid as outlined in the Office of Financial Aid Summer Aid policy which is located at [www.ndm.edu/financialaid](http://www.ndm.edu/financialaid) > How to keep it > Policies > Summer Aid. Further, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date