



2024 SUMMER SCHOOL APPLICATION FOR FINANCIAL AID

- ❖ You must have completed your 2023-2024 Free Application for Federal Student Aid (FAFSA) and **all required documents must be received in the Office of Financial Aid before an award offer is given.**
- ❖ You must be enrolled in at least 6 credit hours to receive financial aid. If you are a new student, you must be fully accepted by the Admissions Office. **** Note: Aid will not be offered until enrolled.**
- ❖ If you are a transfer student, you must request a copy of your official academic transcript from the school(s) previously attended and submit it to South Carolina State University Admissions Office or Graduate Studies Office.
- ❖ You must complete the Financial Aid Summer School Application by May 1st and return it to the Office of Financial Aid.

STUDENT INFORMATION

Status: _____ Returning Student
 _____ Transfer Student
 _____ Transient Student

Classification: _____ FR _____ SO
 _____ JR _____ SR
 _____ Graduate Student

Name: _____ **ID #: 900** _____
 Last First MI

Phone #: _____ **Email Address:** _____@scsu.edu

To be considered for financial aid for summer school this form and all documents must be returned to the Office of Financial Aid. By signing this application, you certify that all information submitted is complete and correct.

**** Please sign form in ink. Typewritten or electronic signatures are not acceptable. ****

 Student's Handwritten Signature Date

FOR OFFICE USE ONLY: please do not write in this section

Previous Enrollment: Fall Spring None Aid Year: _____ EFC: _____

Degree Seeking? _____ Yes _____ No SAP Code: _____

Summer Credit Hours: _____ Session Enrolled: SUM SUM I SUM II

FINANCIAL AID AWARD:

Pell _____ PLUS Loan _____
 SEOG _____ Private Loan _____
 SCNBG _____ Subsidized Loan _____
 Other _____ Unsubsidized Loan _____

NOT ELIGIBLE FOR AID:

Lack of Available Funds _____
 No Need Analysis on File _____
 No Financial Need _____

Notice to Student: _____ E-Mail _____ Letter _____ Telephone _____ Date of Notice: _____

Financial Aid Counselor: _____ Date: _____