08-09 SUMMER FINANCIAL AID APPLICATION

It is imperative that your planned enrollment be ACCURATE on this application to insure that you are properly funded for the summer terms. If your enrollment changes after you have submitted this application, it is your responsibility to notify the Financial Aid Office; otherwise, this may delay your funding.

PLEASE PRINT

NAME_____SSN#_____
LAST FIRST

ENROLLMENT: On the line, please indicate the **NUMBER OF HOURS** for each term you wish to be funded.

Summer 1 - # of hrs____ (6-1-09 to 7-7-09)

Mini 3 - # of hrs____ (6-1-09 to 8-18-09)

NOTE: If you are using Summer to meet SAP requirements, you cannot receive financial aid for those hours.

Only REGULAR TVCC STUDENTS are eligible to receive summer funding. The information requested below is verification.

_____ **(College attended Fall 2008)**

_____ **(College attended Spring 2009)**

_____ **(College TO attend Fall 2009)**

ELIGIBILTY FOR GRANTS

1) Students who have remaining eligibility from 2008-2009 Pell Grant will be offered these funds before being considered for TPEG. If you received fulltime funds for Fall 08/Spring 09, you will have no remaining eligibility.

2) Students with NO remaining eligibility from 2008-2009 Pell Grant funding may be offered TPEG. FUNDING IS LIMITED. AWARDS GIVEN ON FIRST-COME, FIRST-SERVE BASIS.

ELIGIBILITY FOR STUDENTS LOANS

1) You must complete an application for Student Loans at www.tvcc.edu/finserv/stafford.htm.

2) Loan periods are as listed: **Sum1** 6-1-09 to 7-7-09 **Mini 3** 6-1-09 to 8-18-09

3) Loan eligibility is based on yearly maximums and remaining need. Freshman dependent maximum is $3500 and sophomore dependent is $4500. Independent students' maximum is $7500 freshman and $8500 sophomore.

4) Students must be enrolled in at least 3 hours in Summer I to receive a loan and 6 hours in Mini 3.

In signing this application, I certify that I have read and understand the information on this form concerning financial assistance for summer school at TVCC. It is my responsibility to notify the Financial Aid Office of any changes.

I UNDERSTAND THAT STUDENTS CAN RECEIVE ASSISTANCE FROM ONLY ONE INSTITUTION FOR SUMMER.

_____ Student's Signature

_____ Date