

PLEASE PRINT CLEARLY!

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**MORGAN STATE UNIVERSITY
SUMMER FINANCIAL AID APPLICATION**

TO BE COMPLETED BY STUDENT

LAST NAME:		FIRST NAME:		MI:
SUMMER MAILING ADDRESS (INCLUDE CITY, STATE, ZIP CODE):				TELEPHONE #: ()
				EMAIL:
<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	TOTAL CUMULATIVE EARNED CREDIT HOURS:	DID YOU RECEIVE FINANCIAL AID FOR: FALL 2016 <input type="checkbox"/> YES <input type="checkbox"/> NO SPRING 2017 <input type="checkbox"/> YES <input type="checkbox"/> NO		
Where will you reside during the summer? <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> At Home with parents				
TYPE OF LOAN: FDL \$ _____ ALN \$ _____ PLUS \$ _____ (IF YOU BORROWED LESS THAN THE LIMIT FOR YOUR GRADE LEVEL DURING THE 2016-2017 ACADEMIC YEAR, YOU MAY BE ELIGIBLE TO BORROW YOUR REMAINING ELIGIBILITY TO ASSIST WITH THE COSTS OF YOUR SUMMER ENROLLMENT.)				
ENTER THE NUMBER OF CREDIT HOUR PURSUING:				
<input type="checkbox"/> SUMMER SESSION I (MAY 30 – JUNE 29)		_____		
		# OF CREDIT HOURS		
<input type="checkbox"/> SUMMER SESSION II (JULY 10 – AUG. 11)		_____		
		# OF CREDIT HOURS		
<input type="checkbox"/> YES <input type="checkbox"/> NO I UNDERSTAND THAT MY SUMMER FINANCIAL AID AWARD(S) AT MORGAN STATE UNIVERSITY REQUIRE THAT I REGISTER FOR AND MAINTAIN AT LEAST SIX (6) CREDIT HOURS. ANY CHANGE IN MY SCHEDULE WILL RESULT IN REDUCTION OR TOTAL CANCELLATION OF ANY AND ALL FINANCIAL AID AWARDS.				
SIGNATURE: _____ DATE: _____				

COMPLETE AND RETURN BY: **MAY 12, 2017** TO:

OFFICE OF FINANCIAL AID □ MONTEBELLO COMPLEX, ROOM A-203 □ BALTIMORE, MARYLAND 21251