PLEASE PRINT CLEARLY!

SID:			-			-				

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:

☐ UNDERGRADUATE ☐ GRADUATE	**TOTAL CUMULATIVE EARNED CREDIT HOURS:**	**DID YOU RECEIVE FINANCIAL AID FOR:** FALL 2008 ☐YES ☐NO SPRING 2009 ☐YES ☐NO

DO YOU PLAN TO SEEK A SUMMER FEDERAL WORK-STUDY ASSIGNMENT? ☐ YES ☐ NO
IF YES, PLEASE CONTACT THE STUDENT EMPLOYMENT OFFICE, MONTEBELLO COMPLEX, ROOM A223.

Where will you reside during the summer? ☐ ON CAMPUS ☐ OFF CAMPUS ☐ At Home with parents

TYPE OF LOAN: FDL $_____ ALN $_____ PLUS $_____
(IF YOU BORROWED LESS THAN THE LIMIT FOR YOUR GRADE LEVEL DURING THE 2008-2009 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:

☐ SUMMER SESSION I (MAY 21 – JUNE 26) _____
OF CREDIT HOURS

☐ SUMMER SESSION II (JULY 2 - AUGUST 5) _____
OF CREDIT HOURS

☐YES ☐ 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 10, 2009 TO:

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