

PELL GRANT REQUEST FORM

NAME OF STUDENT

SOCIAL SECURITY NUMBER

TERMS & CONDITIONS

By signing this form, I am requesting that I be awarded a Federal Pell Grant for the Summer 2008 semester. If I am eligible the amount awarded will be based on full-time enrollment (Summer Semester = 6 hours). Once awarded, you will be receiving a new award letter which must be signed and returned to the Financial Aid Office.

PELL RECIPIENTS ONLY: By completing this form, I understand that if I receive a Pell Grant during the Summer 2008 semester, the amount received will be deducted from the Spring 2009 semester Pell Grant award.

I further understand that if I receive any other Summer aid, such as the Supplemental Educational Opportunity Grant (SEOG), or a Student Loan, I may **not** be eligible for summer Pell.

Student Consent to Terms and Conditions

SIGNATURE OF STUDENT

DATE

Amount of Summer Pell Requested:

\$ _____

You must be enrolled in 6 hours to receive full amount.

If you are not enrolled full-time (6 hours) we will adjust the amount of your request.

FOR CASC FA OFFICE USE ONLY:

COMMENTS:

- Approved
- Denied