

## SUMMER 2020 FINANCIAL AID REQUEST



This form is required to request financial aid for summer. Based on the information provided, and according to federal guidelines, the LIT Financial Aid Office will determine & certify the amount of financial aid for which you are eligible.

| Did you at l t fir  If yes, prin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tend any other understand that a lancial aid year in the transition of collections. | college durir<br>failure to rep                                                | ng the Fall 20<br><i>ort</i> any finand                                                                  | 19 and/or Sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Phone Nu                                                                                  | irst<br>ımber (                                                           | )                                          | Middle                    |           |  |  |
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| l u<br>fir<br>If yes, prin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ınderstand that i<br>nancial aid year ı                                             | failure to rep                                                                 | ort any financ                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | Phone Number ()                                                           |                                            |                           |           |  |  |
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| GRANT RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | ge:                                                                            |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                           |                                            |                           |           |  |  |
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| Ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | 2019-2020 FAI 2020-2021 FAI Preregister for (Stud Completed reg Form submitter | FSA in place wi<br>FSA completed<br>a minimum of<br>Jent with remain<br>istration by priced prior to pre | th paperwork of and received SIX (6) semes ing PELL do not rity deadline we registration deadline we students we students we see the paper with the paper we see the paper we se | ter hours (TOT<br>to have to have<br>lay 08, 2020 fo<br>eadline will re-<br>with remainin | AL COMBINED SIX (6) hours) r summer sessi ceive priority o g Pell grant o | ions<br>consideration<br>or eligibility fo |                           |           |  |  |
| of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DUEST NLY Student bo remaining elig Determine                                       | ibility for sur                                                                | mmer terms.                                                                                              | You <u>MUST</u> h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ave SIX (6) to                                                                            | otal hours for                                                            |                                            |                           | on        |  |  |
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| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _Approved loan<br>_If I am a FIRST<br>o Note:                                       | amounts may<br>-TIME borrow<br>1st disbursem                                   | / be a combina                                                                                           | ation of subside<br>LL be a <b>30-da</b><br>occur until 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dized and/or u                                                                            | ınsubsidized f<br>/ delay on my                                           | unds.<br>v first loan disk                 | oursement(s).             |           |  |  |
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| OFFICE USE | ONLY SEM HRS                                                                        | SEM HRS                                                                        | SEM HRS                                                                                                  | BUDGET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PELL                                                                                      | TPEG                                                                      | SET-ASIDE                                  | SUB LOAN                  | UNSUB LOA |  |  |
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