



SUMMER 2019 FINANCIAL AID REQUEST

Office Use Only
SUMREQ

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.

Student Name _____
Last First Middle

Student ID # _____ Phone Number (____) _____

Did you attend any other college during the Fall 2018 and/or Spring 2019 semesters? ___ Yes ___ No
I understand that **failure to report** any financial aid received previously during the current 2018-2019 financial aid year may result in **adjustments, reductions, or loss** of my financial aid eligibility.

If yes, print name of college: _____

GRANT REQUEST

___ Determine Summer 2019 grant eligibility.

Students seeking aid during the summer must meet the following criteria:

- 2018-2019 FAFSA in place with paperwork completed
- 2019-2020 FAFSA completed and received
- Preregister for a minimum of **SIX (6)** semester hours (TOTAL COMBINED HOURS)
(Student with remaining PELL do not have to have SIX (6) hours)
- Completed registration by priority deadline **May 09, 2019** for summer sessions
- Form submitted prior to preregistration deadline will receive priority consideration

Note: Summer grant funds are very limited. Students with remaining Pell grant or eligibility for state funding will be considered only if all criteria have been met.

LOAN REQUEST

ONLY Student borrowers who have NOT fully utilized their ANNUAL LOAN LIMITS may request certification of remaining eligibility for summer terms.

___ Determine Summer 2019 Direct Loans eligibility as specified below.

Type of Loan(s) Requested: ___ Subsidized ___ Unsubsidized Total Loan Funds Requested: \$ _____

___ Approved loan amounts may be a combination of subsidized and/or unsubsidized funds.

___ If I am a FIRST-TIME borrower – there WILL be a **30-day mandatory delay** on my first loan disbursement(s).

- o Note: 1st disbursement(s) will not occur until 30 days after 1st official class day which makes me responsible for payment prior to Summer payment deadlines.

Signature: _____

Date: _____

Return completed form to: Lamar Institute of Technology | P.O Box 10043 | finaidoffice@lit.edu
Student Financial Aid Beeson 100 | Beaumont, TX 77710 | FAX: 409-839-2023

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.