

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 2011 <input type="checkbox"/> YES <input type="checkbox"/> NO SPRING 2012 <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU PLAN TO SEEK A SUMMER FEDERAL WORK-STUDY ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF YES, PLEASE CONTACT THE STUDENT EMPLOYMENT OFFICE, MONTEBELLO COMPLEX, ROOM A223.</small>				
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 \$ _____ <small>(IF YOU BORROWED LESS THAN THE LIMIT FOR YOUR GRADE LEVEL DURING THE 2011-2012 ACADEMIC YEAR, YOU MAY BE ELIGIBLE TO BORROW YOUR REMAINING ELIGIBILITY TO ASSIST WITH THE COSTS OF YOUR SUMMER ENROLLMENT.)</small>				
ENTER THE NUMBER OF CREDIT HOUR PURSUING:				
<input type="checkbox"/> SUMMER SESSION I (MAY 22 – JUNE 22)		_____		
		# OF CREDIT HOURS		
<input type="checkbox"/> SUMMER SESSION II (JUNE 28 - AUGUST 2)		_____		
		# 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 10, 2012 TO:

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