



Office of Student Financial Services

2008-2009 Summer Supplemental Aid Application

Prior to completing the summer application, you must have a 2009-2010 Free Application for Federal Student Aid (FAFSA) on file.

Please indicate the term(s) for which you are to register and the number of hours (Six hours minimum for consideration) for which you will enroll: Regular Summer Term ____; Mini-I Term ____; Mini-II Term ____.

1. Name _____ 2. Student # _____

3. Mailing Address: _____

4. Telephone: (____) _____

5. Have you previously received financial aid at Lawson State Community College? _____ Yes _____ No

6. List types of aid you are willing to accept: _____

7. Please list all resources that will be available to you during the term(s): _____

Table with 2 columns: Resource Name, Amount. Rows include Scholarship, Vocational Rehabilitation, Veterans Benefits, and Other.

I understand that summer assistance is based upon my remaining eligibility for the 2008-09-award year and the availability of funds. I certify that the information provided on this form is accurate and true to the best of my knowledge and that I, _____, have completed the application. I will notify the Office of Student Financial Services of any changes.

_____ Date _____ Student Signature

Return To: The Office of Student Financial Services
Deadline: May 15, 2009