



Financial Aid & Scholarships
 1201 Locust Ave, Fairmont, WV 26554
 Phone: (304)367-4141
 Fax: (304)367-4789
 summeraid@fairmontstate.edu

Date Received

Date Scanned

2016 - 2017 Summer Financial Aid Application

Last Name: _____ First Name: _____ ID: F00 _____

UCA: _____ @students.fairmontstate.edu Phone: _____

Complete your Summer Enrollment Plan: If you do not fill in the number of hours, your summer aid will be delayed.

Term	Start Date	End Date	Planned Enrollment
Summer I	May 22, 2017	June 22, 2017	Hours
Summer II	June 26, 2017	July 27, 2017	Hours
Full Summer	May 22, 2017	July 27, 2017	Hours
			Total Hours

Housing Plans for Summer 2017: On Campus Off Campus With Relative

Are you planning to take any courses at an institution other than FSU during the summer? Yes No

If "Yes" Name of the Institution: _____

Have you been enrolled in any other institution(s) since May 15, 2016: Yes No

My signature below affirms that I have read and understand the 2016 - 2017 Fairmont State University Financial Aid Summer Information. I understand I must complete the entire application, and that an incomplete application or an enrollment change will delay my summer aid. Please submit questions to summeraid@fairmontstate.edu.

ACCOUNTS RECEIVABLE ACKNOWLEDGEMENT

By signing this application, I acknowledge that I am responsible for any unpaid balance on my account. If I do not pay my unpaid balance I understand that my account will be turned over to a collection agency after 60 (sixty) days delinquent. Collection costs of 30 (thirty) percent will be added to my account when sent for collection.

Student Signature _____

Date _____

FOR OFFICE USE ONLY

Level	UG	<input type="checkbox"/>	UG_AS	<input type="checkbox"/>	GR	<input type="checkbox"/>	
Transfer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Resident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Hours Completed	Total	<input type="checkbox"/>	+Spring 17	<input type="checkbox"/>			
GPA							
Grade Level	Senior	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	Freshman <input type="checkbox"/>
Status	Dep	<input type="checkbox"/>	Ind	<input type="checkbox"/>			
SAP	Good	<input type="checkbox"/>	Bad	<input type="checkbox"/>	Contract/Probation	<input type="checkbox"/>	
Attending	Summer 1	<input type="checkbox"/>	Summer 2	<input type="checkbox"/>	Both	<input type="checkbox"/>	
COA							
EFC	12 Month	<input type="checkbox"/>	9 Month	<input type="checkbox"/>	Summer EFC	<input type="checkbox"/>	

Pell		Sub		HEAPS		FWS		Unsub		PLUS		Other	
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AN _____ OTHER _____ Date _____ Adjusted _____ Date _____