SUMMER 2016 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.

Student Name ______________________________________ Last __________ First __________ Middle __________

Student ID # ___________________________ Phone Number (_____) __________________________

Did you attend any other college during the Fall 2015 and/or Spring 2016 semesters? Yes ___ No ___

If yes, print name of college: ____________________________________________________________

GRANT REQUEST

_____ Please determine my eligibility for grant monies during Summer 2016.

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

Continuing LIT student from Spring 2016
2015-2016 FAFSA in place with paperwork completed
2016-2017 FAFSA completed and received
Preregister for a minimum of SIX (6) semester hours (TOTAL COMBINED HOURS)
Completed registration by May 06, 2016 for Summer sessions
Form submitted with summer schedule attached prior to preregistration deadline

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.

_____ Please determine my eligibility Direct Loans for Summer 2016 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: First 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
Office of Student Financial Aid Beaumont, TX 77710

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.