Summer 2015 Financial Aid Application

Student's Name ______

A. SUMMER SESSION PLANS

Will you be living on campus this summer? If yes, from ______ to _____ to ______

What is your anticipated enrollment for the Fall 2015 and Spring 2016 terms? Fall 2015:_____ Spring 2016:____

B. STUDENTS ENROLLING IN UNDERGRADUATE COURSEWORK

Did you participate in a full-time internship during Spring 2015?	Yes	No
Did you study abroad during the 2014-2015 academic year for a semester in which you did not utilize your financial aid?	Yes	No
Will you be studying abroad during Summer 2015?	Yes	No
Will you be receiving a faculty/staff tuition waiver for Summer 2015?	Yes	No
Will you be a transient student taking classes at another institution during Summer 2015?	Yes*	No
*If you list number of gradit hours, dates of the special and institution.		

*If yes, list number of credit hours, dates of the session, and institution:

(*If yes, please obtain a Consortium Agreement from the Office of Financial Aid – also available on our website at http://sites.jcu.edu/aid/pages/financial-aid-policies/.)

C. STUDENTS ENROLLING IN GRADUATE COURSEWORK

	ntinuing Arts & Science ntinuing Boler Student	ing Arts & Sciences Graduate Student ing Boler Student	
Will you be enrolled in the 5 th Year MBA Program?	Yes	No	
Will you be enrolled in the School-Based Initial Licensure M.Ed. Program?	Yes	No	
Are you receiving a bachelor's degree from John Carroll in May 2015 and beginning a graduate program at JCU in Summer 2015?	Yes	No	
Did you attend <u>another</u> institution during Fall 2014 and/or Spring 2015 as an undergradua and are beginning a graduate program at JCU in Summer 2015?	ate Yes*	No	
*If yes, please list the institution and terms (Fall 2014, Spring 2015, or both) enro	olled:		

Please list any tuition discounts you expect to receive for Summer 2015 (5th year MBA discount, VA benefits, GA position, etc.):

D. CERTIFICATION

I certify that I have read and understand the Financial Aid Information for Summer 2015 available through the Office of Financial Aid as well as the information detailed on <u>http://sites.jcu.edu/aid/</u> in regards to financial aid rules and regulations.

Student Signature_____

Date _____

This form should be faxed to 216.397.3098, e-mailed to <u>enrollment@jcu.edu</u>, or returned by mail to John Carroll University, Office of Financial Aid, 1 John Carroll Blvd., University Heights, OH 44118. Any questions can be directed to our office at <u>enrollment@jcu.edu</u> or 888.335.6800.

Banner ID _____

