

## Summer 2018 Financial Aid Application

Student's Last Name      First Name      MI      Student Identification Number

Student's Phone Number

Today's Date

Will you have access to your Cobleskill email during the summer? ☐ yes   ☐ no  
All communication about your summer financial aid will be sent to your Cobleskill email unless you don't have access to it and specify a different email address below:

\_\_\_\_\_

Which semester(s) do you plan to enroll in 2018-2019? (*check all that apply*)

☐ Summer   ☐ Fall   ☐ Spring

1. During the summer I will be living: (*check one*)

☐ Home with Parents   ☐ Off-Campus   ☐ On-Campus

2. I plan to take \_\_\_\_\_ Cobleskill credits during the 2018 summer semester.

3. I want to apply for the following types of financial aid to help me cover my summer costs. (*check all that apply*)

☐ I understand that any Pell that I am eligible for will automatically be applied to my summer semester as long as I am enrolled in at least 3 credits.

☐ I want a Federal Direct Student Loan.  
*Minimum of 6 credits required.*

☐ I have applied for TAP.  
*Full time (12 credits) are required.*

☐ I plan to receive help from an external agency for summer (ACCESS/VR, VA etc.)  
*Attach statement as proof or have it sent directly by the agency.*

Name of Agency: \_\_\_\_\_

☐ I have applied for a private alternative student loan.  
Name of Lender: \_\_\_\_\_

☐ I have been awarded a SUNY Cobleskill scholarship for 2018-19 and would like to apply half to my summer semester (12 credits are required)

Student Signature: \_\_\_\_\_

Financial Aid Office Only: Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_