



120 East 149th Street, Savoy Building RM B-115 Bronx, 10451 Tel: (718)518-6555, Fax: (718)5184430

REQUEST FOR SUMMER FINANCIAL AID (PELL)

Last Name: Last Four Digits of SSN:		First Name:	
 Are eligible for the Federal Pell C Have registered for at least one un Meet Satisfactory Academic Prog Have not reached their Lifetime F Will not have obtained a Bachelo Have not defaulted any Federal S 	nit/equated credit gress (SAP) Eligibility Usage (Six r's degree prior to Ju	ly, 2016	
☐ I would like to use a portion of my 201 Summer 2016 semester.	6-2017 Federal Pell	grant funds to pay for my tuition and fees in the	
I am registered for the Summer 2016 seme	ester, and:		
I will be graduating at the end of	the Sumer 2016 sem	ester or at the end of the Fall 2016 semester, or	
I will be registering for the Fall 2	016 semester or the S	Spring semester as a part time student, or	
to use all or a portion of my 2016-2017 Pe	ell Grant funds to cov	2016 and the Spring 2017 semesters, I am requesting er my Summer tuition and fees. I understand that I 2017 semester due to receiving Pell Grant funds in	
	Certificatio	n:	
		mic load and Expected Family Contribution (EFC), and and fees charges not covered by such payment.	
Student Signature:		Date:	
Financial Aid Staff:	_	Date:	
	For Office Use	Only	
2016-2017 Pell Grant Award: \$	EFC:	Meet SAP Standards: (Y/N)	
Academic Load (Units/equated):	G.P.A	Pending SAP Appeal: (Y/N)	
Date referral was given:		SAP Approval Date:	
LEU % per COD:		Summer Pell Award:	
FAA STAF:		Date:	