



REVIEW OF ELIGIBILITY FOR SUMMER PELL GRANT

Name: _____

_____ ID#

Mailing Address _____

_____ Phone Number

City, State, Zip _____

I request that my eligibility for a Pell Grant for the summer session be reviewed. I certify that I am already enrolled for the summer session. I also certify that I have submitted all required Financial Aid documents for the current academic year. **I understand that if I drop units or completely withdraw from summer school, I may have to repay all or a portion of the financial aid received.**

I am enrolled (check one):

Full time (12+units)

3/4 time (9-11units)

1/2 time (6-8 units)

<1/2 time (.5-5.5 units)

Signature

Date

~ OFFICE USE ONLY ~

You **are** eligible to receive a Summer Pell Grant.

You **do not** qualify for a Summer Pell Grant due to the following reason(s):

You have used all of your Pell Grant eligibility for the current award year.

You have been disqualified.

You have not applied for Financial Aid for the current award year.

You are not eligible for aid at less than half time

Other _____

F.A. Staff Initials: _____

Date: _____

White: Student

Yellow: Fin Aid Office