Office of Student Financial Aid
150 Tirey Hall, Terre Haute, IN 47809
Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925

2009 Summer Aid Request Form

_____ _____ 991-_____
Last Name **First Name** **MI** **ID Number**

Your eligibility for summer aid is based on your enrollment during the summer and the amount of funds remaining from the 2008-2009 academic year. Most aid programs require a minimum of half-time enrollment. Details pertaining to summer aid are available at: **www.indstate.edu/finaid/Summer_Aid_2009.html**.

To allow adequate processing time, submit this form to our office as soon as possible, but at least by June 26, 2009 for Summer I or by July 30, 2009 for Summer II. We will attempt to process late submissions, but cannot guarantee their approval.

INTENDED ENROLLMENT

SUMMER I	DATES	CREDIT HRS
3 Weeks	May 18, 2009 - June 5, 2009	
8 Weeks	May 18, 2009 - July 10, 2009	
5 Weeks	June 8, 2009 - July 10, 2009	
10 Weeks	June 8, 2009 - August 13, 2009	
13 Weeks	May 18, 2009 - August 13, 2009	
SUMMER II	July 13, 2009 - August 13, 2009	
OTHER ENROLLMENT: List the beginning and end dates.	_____ to _____ _____ to _____	

STATE AID INFORMATION **You must file the 2009-2010 FAFSA.**

□ Child of Certain Veterans and Public Safety Officers Supplemental Grant.
□ Twenty-first Century Scholars GEAR UP Summer Scholarship. You must meet the criteria below:
A high school senior entering college for the first time who needs to take some summer college preparatory courses; or a freshman in college currently receiving a Twenty-First Century Scholarship who needs to take a few classes to stay on target to graduate.

LOAN INFORMATION

It is your responsibility to choose **a lender**. You can learn about their fees and repayment benefits on their respective websites. You must complete another Master Promissory Note (MPN) if you are changing lenders. Write your lender name and code in the space provided below. Enter your requested loan amounts in whole dollars. Do not write "Max" or "Maximum" for the Loan amounts. Your loan will be processed for your amount of eligibility up to the requested amount. To reduce or cancel your loan amount after submitting this form you must complete the **Summer Loan Change Form**.

Lender Name: _____ **Lender Code:** _____

Subsidized Stafford Loan amount: $_____ **Unsubsidized Stafford Loan amount**: $_____

All first-time Federal Stafford Loan borrowers at ISU must complete an **Entrance Interview** and **Master Promissory Note (MPN)** before funds can be released to ISU. The MPN must be completed after the Federal Stafford Loan has been processed.

NOTE: Complete the Alternative, Grad PLUS or Parent Loan at **http://www1.indstate.edu/finaid/Loans.htm**.

By submitting this form, I certify that all of the information above is complete and correct.

_____ _____
Student Signature (required) **Date**

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