



**Clafin University  
Office of Financial Aid  
400 Magnolia St.  
Orangeburg, SC 29115**

803-535-5334 (Office Phone Number) 803-535-5383 (Fax Phone Number)

**2016 SUMMER SCHOOL APPLICATION FOR FINANCIAL AID**

- ❖ You must have completed your 2016-2017 and 2017-2018 FASFA and all *required documents must be received in the Office of Financial Aid before an award is given.*
- ❖ You must be enrolled in at least 6 hours to receive financial aid. If you are a new student, you must be fully accepted by the Admission's Office.
- ❖ If you are a transfer student, you must request a copy of your official transcript from the school(s) previously attended and submit to Clafin University's Admission Office or The Office of Professional and Continuing Studies.

**STATUS:(A)Status:**  Incoming Freshman  Returning Student  Transfer Student  Transient Student  
**(B) Classification:**  FR  SO  JR  SR  DC  CE  CO  DO  Graduate Student

**NAME:** \_\_\_\_\_  
                     LAST                                    FIRST                                    MIDDLE INITIAL                                    STUDENT ID  
**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_-\_\_\_\_-\_\_\_\_

**PERMANENT HOME ADDRESS**

\_\_\_\_\_  
 (NUMBER & STREET NAME)                                    (CITY)                                    (STATE)                                    (ZIP)

**HOME TELEPHONE** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **MOBILE TELEPHONE** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**LOCAL MAILING ADDRESS**

\_\_\_\_\_  
 (DORM, STREET NAME)                                    (CITY)                                    (STATE)                                    (ZIP)

**E-MAIL ADDRESS:** \_\_\_\_\_@\_\_\_\_\_

**PLEASE INDICATE HOUSING PREFERENCE:**  ON CAMPUS  OFF CAMPUS

**WILL YOU BE USING VETERAN'S EDUCATIONAL BENEFITS:**  YES  NO

*To be considered for financial aid for summer school this form and all documents must be returned to the Office of Student Financial Aid. By signing this application certifies that all information submitted is complete and correct.*

\_\_\_\_\_  
 SIGNATURE OF APPLICANT                                    DATE

**FOR OFFICE USE ONLY**

**FINANCIAL AID AWARD:**

Pell \_\_\_\_\_  
 SEOG \_\_\_\_\_  
 Subsidized Loan \_\_\_\_\_  
 Private Loans \_\_\_\_\_

FWS \_\_\_\_\_  
 TRM \_\_\_\_\_  
 Unsubsidized Loan \_\_\_\_\_  
 Other \_\_\_\_\_

**NOT ELIGIBLE FOR FINANCIAL AID:**

Lack of Available Funds \_\_\_\_\_  
 No Need Analysis on File \_\_\_\_\_  
 No Financial Need \_\_\_\_\_

Notice to Student:  E-Mail  Letter  Telephone      Date of Notice: \_\_\_\_\_

Processing of Aid : Pell Origination Date: \_\_\_\_\_ Pell Disbursement Release: \_\_\_\_\_  
                                     Loan Origination Date: \_\_\_\_\_ Loan Disbursement Release Date: \_\_\_\_\_

Financial Aid Counselor: \_\_\_\_\_ Date: \_\_\_\_\_