Claflin 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 Claflin 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_____ **FWS** _____
SEOG_____ **TRM** _____
Subsidized Loan_____ **Unsubsidized Loan**_____
Private Loans _____ **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:** _____