

Application for Financial Aid - Summer 2025

Complete this form and return to the Student Financial Services (SFS) Office at the time of course registration.

NOTE: Six credits is the minimum summer enrollment for financial aid eligibility. Summer financial aid is available on a limited basis and generally consists of student loans. On a more limited basis, some students may be eligible for federal or state grant consideration. You will be notified in writing of your financial aid eligibility.

Student Information:					
Last Name	First Name	MI	7 digit SU ID#		SU Grad `
Summer housing status	s:				
On Campus	With Pare	ents/Relatives			
Off Campus	Other-Ple	ease describe: _			
Summer Address - Street		Curren	nt Address - Str	eet (write "same" if sa	ame as summe
City	State Zip	City		State Zip	_
Home Phone		Cell P	hone		
of credits for each. Summer, Regular Summer Course Title Course Title		edits	Early Summer	Regular Summer Regular Summer	Midsummer
Course Title	Course # and Cre	edits	Early Summer	Regular Summer	Midsummer
Course Title	Course # and Cre	edits	Early Summer	Regular Summer	Midsummer
Total number of	Susquehanna credit	s for which you	will enroll Sum	nmer <u>2025:</u>	
Note: If any summer cour Susquehanna you MUST I understand that to be ex Financial Aid application of the information that I am p Financial Services Office to the above information.	complete the next pagaraluated for summer firmust be complete. To providing is accurate. It and Office of the Regis	ge. nancial aid, my 20 the best of my kno I will contact the S	025-2026 owledge, Student	Student Financial S to fill out this Tuition: Fees: Room: Board: Books: Personal Trans:: Total:	section

Date

Student Financial Services 514 University Ave Selinsgrove, PA 17870 P: 570-372-4450 F: 570-372-2722 sfs@susqu.edu

Signature



PLEASE COMPLETE THIS PAGE ONLY IF YOU ARE TAKING A SUMMER COURSE(S) AT A COLLEGE OTHER THAN SUSQUEHANNA UNIVERSITY.

Non-Susquehanna Course Information: If you are not taking all of your courses at Susquehanna, please list all of the schools that you plan to attend, the courses that you will be taking and the total number of credits you intend to earn at each school during the summer.

1						
Name of Visited School						
Address	City	State	Zip			
Course Title(s)		# Credits _				
First day of classM/D/Y	M/D/Y					
Financial Aid Contact Person at Visited School School	Phone Number of	Phone Number of Financial Aid Contact at Visited				
** NOTE: Forward a copy of your bill from the	visited school.					
2						
Name of Visited School						
Address	City	State	Zip			
Course Title(s)		# Credits				
Find the effective						
First day of classM/D/Y		M/D/Y				
Financial Aid Contact Person at Visited School School	Phone Number of Financial Aid Contact at Visited					
** NOTE: Forward a copy of your bill from the	visited school.					
Please note that courses not taken at Susqueh Registrar for transfer credit. If you list a colleg sign this form.						
Susquehanna Registrar Signature (if student is enro	olling at another school)	D	ate			
To have this credit transferred to your Susque transcript sent to the Susquehanna Office of the	_	•				
To the best of my knowledge, the information the Financial Services and the Office of the Registr			act the Student			
Student Signature			Pate			
MAIL TO: Student Financial Services						

Selinsgrove, PA 17870