



Application for Financial Aid - Summer 2026

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 Yr

Summer housing status:

_____ On Campus _____ With Parents/Relatives
_____ Off Campus _____ Other-Please describe: _____

Summer Address - Street Current Address - Street (write "same" if same as summer)

City State Zip City State Zip

Home Phone Cell Phone

Class/Credit Information: List all the Susquehanna courses in which you plan to enroll and the number of credits for each. Check the correct session for each course in which you are enrolled: Early, Regular, and/or Midsummer Session.

_____	_____	_____	_____	_____
Course Title	Course # and Credits	Early	Regular	Midsummer
_____	_____	_____	_____	_____
Course Title	Course # and Credits	Early	Regular	Midsummer
_____	_____	_____	_____	_____
Course Title	Course # and Credits	Early	Regular	Midsummer
_____	_____	_____	_____	_____
Course Title	Course # and Credits	Early	Regular	Midsummer

Total number of Susquehanna credits for which you will enroll Summer 2026: _____

Note: If any summer course will be taken at any school other than Susquehanna you MUST complete the next page.

I understand that in order to be evaluated for summer financial aid, my 2026-2027 Financial Aid application must be complete. To the best of my knowledge, the information that I am providing is accurate. I will contact the Student Financial Services Office and Office of the Registrar if there are any changes to the above information.

Student Financial Services Staff to fill out this section
Tuition: _____
Fees: _____
Room: _____
Board: _____
Books: _____
Personal: _____
Trans.: _____
Total: _____

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

Signature / /
Date



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 class _____ Last day of class _____
MM/DD/YY MM/DD/YY

Financial Aid Contact Person at Visited School _____ Phone Number of Financial Aid Contact at Visited School _____

**** NOTE:** Forward a copy of your bill from the visited school.

2. _____
Name of Visited School

Address _____ City _____ State _____ Zip _____

Course Title(s) _____ # Credits _____

First day of class _____ Last day of class _____
MM/DD/YY MM/DD/YY

Financial Aid Contact Person at Visited School _____ Phone Number of Financial Aid Contact at Visited School _____

**** NOTE:** Forward a copy of your bill from the visited school.

Please note that courses not taken at Susquehanna University must be pre-approved by the Office of the Registrar for transfer credit. If you list a college other than Susquehanna, Susquehanna's registrar must sign this form.

Susquehanna Registrar Signature (if student is enrolling at another school) Date

In order to have this credit transferred to your Susquehanna record, you must arrange to have an official transcript sent to the Susquehanna Office of the Registrar at the end of the summer session.

To the best of my knowledge, the information that I am providing is accurate. I will contact the Student Financial Services and the Office of the Registrar staff by JUNE 15, 2026, if there are any changes.

Student Signature Date

MAIL TO:
Student Financial Services
514 University Ave.
Selinsgrove, PA 17870