

Summer Financial Aid Application

- This application **must** be completed and submitted to the Law Financial Aid Office if you want to receive summer financial aid.
- You must be registered for all of your summer classes in order for aid to be processed.
- Priority processing will be for applications received by **April 1**.
- You must let Law Financial Aid know of any changes to your application, ASAP.

Student Name _____ ID # T _____

Email Address _____ Phone number: cell (____) _____

I will be enrolling for the following number of credit hours (List actual # of credit hours)

____ credits Intersession (5/11 – 5/22) ____ credits JD/MBA Summer 1 (5/4 – 6/20)

____ credits Law Summer Term (5/26 – 7/24) ____ credits JD/MBA Summer 2 (6/22 – 8/6)

____ credits in an approved International study abroad program* program at another law school*

Total number of credits for summer: _____

*Students selecting this option must provide copy of approval letter and letter of good standing from Dean Jennings and host school contact information for a consortium agreement.

I wish to apply for financial aid (including scholarships) in the total amount of (check one):

- Cover tuition & fees Cover tuition & fees + \$_____ net refund after loan fees
 Maximum I am eligible to receive Other amount \$_____ gross net (check one)

I wish to apply for or will accept aid from the following sources:

- Detroit Mercy Dean's Scholarship Alternative Loan (apply through private lender)
 Federal Stafford Loan Federal Work Study (if funds become available)
 Federal Graduate PLUS loan Employee or Vendor Discount**
 Other (fill in source) _____
 I expect to receive \$_____ in funds from other sources (VA, outside scholarship, other dept.)

**Student must complete and submit the appropriate forms to HR or Law Financial Aid.

I will graduate this summer: Yes No

By my signature below, I am applying for and accepting aid as indicated above and authorize Detroit Mercy Law Financial Aid to process student loans for me as requested above. I further understand that if I am not eligible for the full amount requested from the sources checked that my aid will be reduced to my remaining eligibility. I acknowledge that my aid may be cancelled in part or in full if I reduce my enrollment level, withdraw, am administratively withdrawn, or do not meet Federal Satisfactory Academic Progress requirements at any point and that all funds paid to me may become immediately due and payable to the school and/or the federal loan program. Failure to complete at least 60% of the term will result in reduction of federal aid, including loans. Aid will not be processed until student is enrolled as indicated.

Student Signature: _____ Date: _____