Name (Last, First, MI):

Student ID Number:

Email Address

Contact Telephone Number

Instructions

1. Applicants for Summer Aid (grant and/or loan assistance) must complete the entire application and submit it to their adviser by May 8, 2015. Students must be enrolled in at least three courses to apply for grant assistance during the Summer Quarter.

2. Applicants for Summer Work/Study should only complete page 1. This application should be returned to the Office of College Aid by May 15, 2015. A student does not need an adviser’s recommendation or enrollment in Summer Quarter courses to apply for Summer Work/Study.

I wish to apply for (check all that apply):

- [ ] Summer Work/Study*
- [ ] Summer Grants
- [ ] Summer Loans

*A student can receive Work/Study if he/she is not enrolled in Summer Quarter, but must enroll during the Autumn 2015 Quarter.

Enrollment Plans: Please indicate the number of courses you plan to enroll each quarter of the 2015-16 year.

_____ Summer  _____ Autumn  _____ Winter  _____ Spring

Name the courses for which you plan to enroll during the Summer Quarter. **If your plans change and you do not register for the courses listed below (i.e., if you take different courses than those listed or a different number of courses),** you must notify the Office of College Aid.

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Realizing that misrepresentation by omission or falsification of information on any part of my application may jeopardize any assistance granted by the Committee on College Aid, I hereby declare that the information which I am submitting is true and correct to the best of my knowledge.

_________________________  __________________________
Student Signature          Date
## 2015 - 2016 Application for Summer Quarter Financial Aid and Summer Work/Study

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<th>Name (Last, First, MI):</th>
<th>Student ID Number:</th>
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<td>Email Address</td>
<td>Contact Telephone Number</td>
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*If you are applying for U Chicago grant or federal loan funds, please see your adviser.*

### Adviser’s Recommendation:

The student has the responsibility of giving you this form by May 8th. Please complete and return to the Office of College Aid by May 15th.

1. Name the courses in which the student should enroll during Summer Quarter:

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2. If the student attends summer classes, when will he/she graduate?  

3. If the student does not attend summer classes, when will he/she graduate? 

4. Briefly explain the importance of summer registration to the student’s degree plans:

   ____________________________________________  
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  
   ____________________________________________  

Adviser: ________________________________
Signature: ________________________________
Date: ________________________________