



SUMMER SCHOOL FINANCIAL AID APPLICATION

Application for summer school 2006 is due **APRIL 14, 2006**

Name _____ Carroll ID _____

Address _____ Phone _____

City _____ State _____ Zip _____ SSN _____

Anticipated credit hours _____ x \$474 for first 6 credit hours \$ _____

_____ x \$390 for additional credit hours \$ _____

Total _____ credit hours and total tuition cost \$ _____

How many credits did you attempt in the Fall of 2005? _____

How many credits did you attempt in the Spring of 2006? _____

How many credits will you have been earned toward your degree/certificate from Carroll, including transfer credits, as of the end of the Spring 2006 semester? _____

Do you/will you possess a baccalaureate degree as of May 4, 2006? Yes ___ No ___

Is your 2005-2006 Student Aid Report on file in the Carroll College Financial Aid Office? Yes ___ No ___

Did you receive federal student financial aid in Academic Year 2005-2006? Yes ___ No ___

Will you work for Carroll College under the Federal Work-Study program during the Summer of 2006? Yes ___ No ___

What is your anticipated graduation date? ____/____/____

What is the reason that you are attending Carroll's 2006 Summer Session? ___ To complete graduation requirements.
___ Other (Please explain on the back of this application).

I will be attending the following Summer School 2006 sessions:

- ___ Session I (2 weeks)
- ___ Session II A (2 weeks)
- ___ Session II B (2 weeks)
- ___ Session III (5 weeks)
- ___ Session IV A (2 weeks)
- ___ Session IV B (2 weeks)
- ___ Other. This session will begin _____ and end _____.

I certify that the above information provided by me is true and complete to the best of my knowledge; that I have read Carroll's Summer School Financial Aid Philosophy, and I have been admitted to Carroll College and am seeking a degree or certificate from Carroll College. I understand that should I attempt fewer credit hours than the number on which my Summer School financial aid package is developed, my package may be adjusted and I may be liable to Carroll and/or the federal government for any balance owed due to the adjustments.

Student Signature _____ Date _____

FINANCIAL AID OFFICE USE ONLY

Pell Scheduled Award _____	Staff. Eligibility _____	Pell Award – Fall _____	Staff. Award – AY _____
Pell Award - Spring _____	Staff. Remaining Elig. _____	Pell Remaining Elig. _____	Staff./Ind. Elig. _____
PLUS _____	Staff./Ind. Award-AY _____	Perkins _____	Staff./Ind. Rem. Elig. _____
	_____ Months EFC _____		

**FOR QUESTIONS CALL: Financial Aid Office, Carroll College, 1601 N. Benton Ave., Helena, MT 59601
800-992-3648 ext. 5425 or 406-447-5425, www.carroll.edu**