

SUMMER SESSION SCHOLARSHIP AWARD APPLICATION (SSSAA)

APPLICANT INFORMATION

| | | |
|--------------------------|----------------------------|-----------------------|
| Student Name: | Scholarship: | Cohort: |
| Student Email: | | Student Phone: |
| Home Institution: | Summer Institution: | |

ACADEMIC INFORMATION & DOCUMENTS

The following documents have been submitted to my CSF-DC College Support Advisor:

- Financial Aid Award Letter**
- Unofficial Transcript**
- Summer Course Schedule**
- Summer Course Fee Statement**

SUMMER COURSE INFORMATION

Are these credits/units needed for the student's academic progress toward graduation?: YES NO

Will the credits from the scheduled class(es) transfer to the student's Home Institution? YES NO N/A

| List all summer school courses in which you plan to enroll: | #of credits | Repeat Class? | Grade required for credit: |
|-------------------------------------------------------------|-------------|---------------|----------------------------|
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SIGNATURES

Student:

My signature below acknowledges that I understand the attached policy regarding Summer Session Scholarship Award funding. I authorize the verification of the information provided on this application and acknowledge that inaccurate information will automatically disqualify my application.

Academic Advisor:

My signature below acknowledges that I reviewed the student's program of study and affirm that successful completion of course credits/units listed above are required for degree completion. Furthermore, I acknowledge that all credits attained at an institution other than the student's Home Institution will fully transfer to his or her Home Institution.

| | |
|--------------------------------------------|------------------|
| Signature of Student: | Date: |
| Academic Advisor Name Printed: | Date: |
| Signature of Academic Advisor (AA): | AA Phone: |
| Academic Advisor Email: | |