



University of the Incarnate Word
Office of Financial Assistance
Summer 2018 Application for Main Campus
Undergraduate Aid

4301 Broadway, Box 308
 San Antonio, TX 78209
 Phone: (210) 829-6008
 Fax: (210) 283-5053
finaid@uiwtx.edu
www.uiw.edu/finaid
 Revised 04/2018

PRIOR TO THIS FORM BEING PROCESSED I UNDERSTAND THAT I MUST:

- Complete the 2018-2019 FAFSA on www.fafsa.ed.gov
- Submit all documents requested by the Office of Financial Assistance
 (Required forms can be found at www.uiw.edu/finaid under the 'Forms' link.)

SUMMER FINANCIAL ASSISTANCE REQUEST:

Name	UIW ID
Phone Number	Expected Graduation Date
Indicate the <u>Number of Hours</u> Enrolled: Maymester: _____ Summer 1: _____ Summer 2: _____ Summer Extended: _____	
Type of Aid Requested (check all that apply):	
<input type="checkbox"/> Pell Grant <input type="checkbox"/> Loans <input type="checkbox"/> Work-study	
*Note: In order to qualify for loans, you must register for at least 6 undergraduate or 3 graduate hours over the summer sessions.	
Housing Plans (check one):	
<input type="checkbox"/> On-Campus Single <input type="checkbox"/> On-Campus Double <input type="checkbox"/> On-Campus Avoca <input type="checkbox"/> Off Campus <input type="checkbox"/> At Home with Parents	
Budget Requested (check all requested):	
<input type="checkbox"/> Tuition & Fees <input type="checkbox"/> Books <input type="checkbox"/> Living Expenses <input type="checkbox"/> Study Abroad	

Please initial next to each statement as acknowledgement and sign below.

- _____ I understand that **any** federal aid applied to summer will decrease the total amount available in the Fall and/or Spring.
- _____ The information submitted is true and correct to the best of my knowledge.
- _____ I will notify the OFA of any changes in housing, enrollment, or outside resources.
- _____ I understand that changes in my summer enrollment may cause my summer aid to be pended and/or removed.
- _____ I understand that only loans (federal and private), work study, Pell grant, and outside resources can be applied to summer.

 Student's Signature

 Date

For Office Use Only:	
Actual Enrollment: _____ Maymester _____ Summer I _____ Summer II _____ Summer10 _____ Pastoral Institute	
Pell prorated amount for hours expected: _____	
Budget _____ - Prorated EFC* _____ - Pell eligibility _____ = Need _____	
*Use 1 month EFC for each individual 6 weeks, 2 month for 10 weeks and 3 month for Summer I and II combined	
Pell _____ + Work Program _____ + Sub Direct loan _____ + Unsub Direct loan _____ = _____	
<input type="checkbox"/> Note on RHACOMM includes budget, EFC, hours, Pell, need and award	
Completed By: _____	Date: _____