Southeastern Illinois College
Financial Aid Office
3575 College Rd.
Harrisburg, IL 62946
Phone: (618) 252-5400 Fax: (618) 252-3062
Email: fao@sic.edu

Summer 2020
Financial Aid Application

To be considered for federal student aid, you must have a completed Free Application for Federal Student Aid (FAFSA) on file with Southeastern listed as a school of choice. Please complete this form to its entirety and return to the Financial Aid Office by **May 15, 2020** for your summer aid to be processed. Late applications will be accepted, however you are responsible for tuition/fees until your financial aid is confirmed.

Name: _____ ID#: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

List all 2019 summer course information below:

Course #	Course Name	Start Date	End Date	#Credits
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____

Have you attended any schools other than Southeastern Illinois College since May 1, 2018? ___ **Yes** ___ **No**

If yes, please list:

School Name Dates Attended

_____ ____/____ to ____/____

During the 2019 summer session will you receive any other financial assistance?

If so, please list the resource and amount. _____

In order to receive summer financial aid you must have a valid 2018-2019 FAFSA on file and be in compliance with Southeastern's Satisfactory Academic Progress Policy. You must also satisfy all of the eligibility requirements of the aid programs, including completing verification requirements. Students who attended full time in Fall 2018 and Spring 2019 must be enrolled at least half time to be eligible for Summer 2019 Pell. If you withdraw from a class or classes, your awards will be adjusted accordingly. A reduction in your award could result in you owing on your student account. If you are receiving a Federal Pell grant you are subject to the Return of Title IV Policy. This means that if you withdraw from all of your classes at Southeastern, you may be required to repay a percentage of financial aid that has already been awarded.

BY SIGNING BELOW YOU INDICATE YOU UNDERSTAND THE INFORMATION ABOVE AND THAT YOU MEET ALL REQUIREMENTS FOR SUMMER FINANCIAL AID. If you are unclear about any of the information please contact the Financial Aid Office at 618-252-5400 ext. 4110.

STUDENT SIGNATURE _____ **DATE** _____

For Office Use Only: Fall _____ # Summer Credit Hours _____

Spring _____ SAP _____ Custom Data _____ NSLDS _____