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REQUEST FOR SUMMER FINANCIAL AID (PELL)

Last Name:		First Name:	
Last Four Digits of SSN:		EMPL ID:	
	process, such as, verif	a 2017-2018 Free Application for Federal Student Aid fication, before submitting this request. Summer:	
 Are eligible for the federal Pe Have registered for at least o Meet Satisfactory Academic 	ne credit		
Meet Satisfactory AcademicHave not reached their Lifeti	•	Six Years or 600%)	
Will not have obtained a Bac			
Have not defaulted any feder	al student Loan		
☐ I would like to use a portion of my summer 2017 semester.	7 2017-2018 federal Pe	ell grant funds to pay for my tuition and fees in the	
I am registered for the summer 2017 s	emester, and:		
I will be graduating at the end	d of the summer 2017	semester or at the end of the fall 2017 semester, or	
I will be registering for the fa	all 2017 semester or th	e spring 2018 semester as a part time student, or	
	summer 2017. I unde	all 2017 and the spring 2018 semesters, I am requesting restand that I am responsible for covering any tuition Grant funds in the summer 2017.	
	Certific	ation:	
		demic load and Expected Family Contribution (EFC), and tion and fees charges not covered by such payment.	
Student Signature:	<u></u>	Date:	
Financial Aid Staff:	<u> </u>	Date:	
	For Office	Use Only	
2017-2018 Pell Grant Award: \$	EFC:	Meet SAP Standards: (Y/N)	
Academic Load (Units/Credits):	G.P.A	Pending SAP Appeal: (Y/N)	
Date referral was given:		SAP Approval Date:	
LEU % per COD:		Summer Pell Award:\$	
FAA STAFF:		Date:	