

**2019–2020 Summer 2020 Financial Aid Eligibility**

**Applications accepted March 1, 2020 through June 30, 2020**

Name: \_\_\_\_\_ RU ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

 Grade level:     Undergraduate     Paralegal     Graduate     Doctoral     Pharmacy

**Please register for summer** and list the classes on this form. You must actually be enrolled for the classes listed for funds to be disbursed to your student account. Changes to enrollment could result in the revision or cancellation of your summer award. You are responsible for payment of any institutional charges due to Roosevelt University by the published due dates.

Session	Course	Course Section	Credit Hours

**OTHER SOURCES OF ASSISTANCE:**

Please list all other sources of summer assistance. This may include employer tuition waivers, vouchers, military benefits, or other funding that will be applied to your summer institutional charges.


**SUMMER PAYMENT PLAN:**

Roosevelt’s summer payment plan is available on April 1, 2020. For \$45 you can divide your summer balance into three installments due on April 15, May 15 and June 15. Enroll in the plan via RUAccess.

**CERTIFICATION STATEMENT:**

By signing this application, I certify that I have reviewed and initialed the Summer Financial Aid Policy Statement on the second page of this form, and that I understand and agree to abide by the conditions. I understand that if I am not enrolled at least half time, all of my direct loans for summer will be cancelled, and that if I receive a Federal Pell Grant, it may be reduced or cancelled. I understand that I must pay any account balance resulting from the reduction or cancellation of financial aid.

 PHYSICAL SIGNATURE – DO NOT TYPE  
 DO NOT USE ELECTRONIC SIGNATURE

 \_\_\_\_\_  
**Student Signature**

 \_\_\_\_\_  
**Date**

## **2020–2021 Summer 2020 Financial Aid Eligibility**

Name: \_\_\_\_\_ RU ID: \_\_\_\_\_

**Summer Financial Aid Terms & Conditions: These terms & conditions are in addition to those already accepted at RU Access for the academic year. You must initial next to each statement (Physically initial - Do not type):**

**Initial** / \_\_\_\_\_ / I understand that submitting the financial aid summer eligibility application does not guarantee or confirm my eligibility for financial aid. I can only be awarded according to my eligibility by federal and University guidelines.

**Initial** / \_\_\_\_\_ / I understand that financial aid will not be disbursed until the last summer course for which I am enrolled. Enrollment expenses or payment of enrollment charges are my personal responsibility.

**Initial** / \_\_\_\_\_ / I must use my own resources and personal funding for course textbooks and materials.

**Initial** / \_\_\_\_\_ / All of my courses must be applicable to my degree program. As an undergraduate student, only 15 hours of ELP courses may be considered applicable to my degree. As a graduate student, ELP courses are not applicable to my degree.

**Initial** / \_\_\_\_\_ / I must be enrolled at least half-time in a degree program to receive financial aid. Federal funds require at least half-time enrollment, i.e. six degree credit hours for undergraduate and paralegal grade levels; and three degree credit hours for graduate and doctoral level.

**Initial** / \_\_\_\_\_ / I understand I am responsible for follow-up on University course cancellations or withdrawal from courses because my financial aid eligibility considers at least half-time enrollment for disbursement of financial aid funding.

**Initial** / \_\_\_\_\_ / I must have a valid and current “Loan Counseling/Entrance” and a “Master Promissory Note” completed at <https://studentaid.gov/h/complete-aid-process> for federal loan disbursement(s).

**Initial** / \_\_\_\_\_ / I must be making satisfactory academic progress in my degree program and course enrollment according to University policy and federal requirements. My continued financial aid eligibility will be evaluated at the end of the summer term the same as at the end of the fall and spring terms.

**Initial** / \_\_\_\_\_ / I understand that I cannot receive financial aid from another school while enrolled at Roosevelt University.

**Initial** / \_\_\_\_\_ / I understand I am required to report all outside financial assistance from personal resources or scholarships since it may affect my financial aid eligibility.

**Initial** / \_\_\_\_\_ / I understand I must complete all financial aid requirements, which may include federal verification and additional documentation before any financial aid funds can be awarded and disbursed to apply to my summer enrollment charges.

**Initial** / \_\_\_\_\_ / I understand that reporting false or conflicting information to obtain financial assistance is grounds for forfeiture of all financial aid eligibility, and that I may be reported to the U.S. Office of the Inspector General and subject to prosecution for federal fraud.

Submit this worksheet in person to FAS-1M16/Wabash Bldg., or by email to [fas@roosevelt.edu](mailto:fas@roosevelt.edu), or by fax to (312) 341-3545