

Central Washington University

Summer 2009 Financial Aid **REVISION**

STUDENT NAME _____

STUDENT ID NUMBER _____

Cancel all summer aid.

Change in enrollment (since application)

Number of Credits

Full Session June 22 - August 21, 2009. _____

Six week Session June 22 - July 31, 2009. _____

Workshops: Provide dates of workshops.

My class standing Summer Quarter is:

Freshman (0-45 credits)

Senior (135 + credits)

Sophomore (46-89 credits)

Post Bac

Junior (90-134 credits)

Grad

I hereby certify that the above information is true and correct as of the date of this application. I agree to notify the Financial Aid Office immediately should changes occur. I understand any changes, including cancellation of a class, may change my eligibility for summer financial aid. Your aid may be adjusted if you receive outside resources such as Veterans benefits, DVR, etc.

Student's Signature _____

Date _____

FAO Use Only

IND / DEP

Grade _____

AY Pell _____ AY SNG _____ AY Sub _____ AY Unsub _____

1 2 or 3 + AY EFC _____ - AY EFC _____ = Sum EFC _____

Summer Pell _____ Summer SNG _____ Summer Sub _____ Summer Unsub _____ PLUS _____

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 CWU: 1-866-cwu-4you ext. 1611 . E-mail: finaid@cwu.edu . Web: www.cwu.edu/~finaid . CWU Federal Financial Aid Title IV Code #003771*