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Office of Financial Aid

Financial Aid Application for Summer 2024

Please complete this Supplemental Application and return it to the Financial Aid Office. This application will be used to determine financial aid eligibility for the Summer Term ONLY. The completion of this application DOES NOT guarantee eligibility for financial aid assistance.

	STUDENT INFORMATION	N (Please Print)	
NAME:		UVI ID#	
Date of Birth:	Mailing address: _		
City		State	Zip
Email:	Phone#	Cell#	
Enrolled credits for Summer 2024?	Session 1	Session 2	
Select Campus Enrolled: Alber	t A. Sheen Campus – STC	Orville E. Kean	Campus - STT
 Must be enrolled at least h 	may be adjusted or cancelled.	r enrollment status changes to	e less than half-time during the loan period
If Yes, list each institution below. Stude		•	
Name of Institution	Dat	te/Term Attended	Degree Received
4. Will you be graduating in May 202 If you received a first bachelor's d Any changes to your enrollment pri or cancelled. Certification statement: By signing Statement and I understand and agree enrollment status during the summer terms.	or to receiving a grade of this application, I certify the to abide by the conditions.	eligible to receive Federal "WD", "WP", "WF" or nat I have reviewed th I further understand th	"NA" then aid may be adjusted to be summer Financial Aid Policy at if there are any changes in my

^{**}NOTE** If your financial aid eligibility is not sufficient to cover your tuition and fees, you are responsible to pay the balance by the due date to avoid cancellation of your classes.