## 2016 Summer School Financial Aid Application

Name:__________________________  Student ID Number:________________  Are you: UG__ or Grad __

Email address to send award notice:__________________________  Telephone Number:________________

### A. DC Summer Institute & DC Summer Sessions

- **American Politics Institute (May 16-Aug 7)**  ______# Credit Hrs
- **New Media Institute (May 16-Aug 7)**  ______# Credit Hrs
- **Leadership & Community Engagement Institute (May 16 – Aug 7)**  ______# Credit Hrs
- **DC Summer Session 1 (June 1– July 3)**  ______# Credit Hrs
- **DC Summer Session 2 (July 6 – Aug 7)**  ______# Credit Hrs

### B. All other Students

- **Session S1 (May 31 – July 1)**  ______# Credit Hrs
- **Session S2 (July 5 – Aug 8)**  ______# Credit Hrs
- **Session S3 (May 31 - Aug 5)**  ______# Credit Hrs
- **Session S4 (May 16 – July 29)**  ______# Credit Hrs

If **none** of the sessions S1 – S4 above correspond to the start and end of your summer courses, please complete the section below with your summer courses information. Data can be obtained doing the following:

1. Log into Banner
2. Go to Registration
3. Student Detail Schedule
4. View Data to Complete Chart Below

<table>
<thead>
<tr>
<th>CRN</th>
<th>Credits</th>
<th>Level</th>
<th>Campus</th>
<th>Start Date</th>
<th>End Date</th>
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The Bursar’s Office will mail your refund check to your local address listed in Banner, unless you have signed up for direct deposit. Please contact the Bursar’s Office at 757-221-1220 or bursar@wm.edu for refund information.

Any changes made in enrollment after your financial aid eligibility is determined may change the financial aid amounts originally awarded to you. By signing below, you agree to notify the Financial Aid Office as soon as any changes are made to your summer registration schedule. If you make any schedule changes that require a revision to your student loan eligibility, you are responsible for any balance owed on your student account.

☐ I have filed the 2015-2016 FAFSA (Free Application for Federal Student Aid).

☐ I will be applying for a private loan.

☐ I am or will be registered for at least 6 credit hours for all sessions I am attending as an undergraduate or at least 3 credit hours as a graduate student.

Signature_________________________________________________ Date______________________________

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Please Return to:

Office of Student Financial Aid, 208 Blow Memorial Hall
P.O. Box 8795, Williamsburg, Virginia 23187-8795
Telephone: (757) 221-2420  Fax:(757) 221-2515