

NDSCS 2019 SUMMER SESSION SUPPLEMENT

Your summer financial aid will be based upon the information provided in this supplement. If any of this information should change, it is your responsibility to contact our office immediately. A notice will be sent to your email when your aid is available for you to accept or decline.

Name: _____

Student ID Number or SSN: _____

What is the total number of credits you are enrolled in: _____
(You will need at least 6 credits to be eligible for financial aid)

Program of Study _____

Which session(s) do you plan to attend: (Check one)

- ____ Session One (June only)
- ____ Session Two (July only)
- ____ Both Sessions (June and July)

Where will you be living during the summer semester? (circle one)

With Parent(s) On Campus Off Campus

Will you receive funding from any of the following agencies? (check all that apply:)

- | | |
|--------------------------------|---------------------------|
| ____ WIA | Amount \$ _____ |
| ____ BIA | Amount \$ _____ |
| ____ Vocational Rehabilitation | Amount \$ _____ |
| ____ MN CEP | Amount \$ _____ |
| ____ Veteran's Benefits | Amount \$ _____ Per Month |
| ____ Worker's Compensation | Amount \$ _____ |
| ____ Other | Amount \$ _____ |
| ____ Other | Amount \$ _____ |

Signature _____ Date _____

**RETURN SUPPLEMENT TO THE FINANCIAL AID OFFICE
AFTER YOU REGISTER FOR CLASSES**