Cobleskill

Student Financial ServicesPhone 518-255-5623106 Suffolk CircleFax 518-255-5844Cobleskill, NY 12043Financialaid@cobleskill.edu

Summer 2020 Financial Aid Application

You must have filed your 2020-2021 FAFSA in order for this application to be processed

Student's Last Name	First Name	MI	Student Identification Number
Student's Phone Number			Today's Date
			cademic Progress (SAP) after Spring and the student would be responsible for charges.
	tion about your summe	er financial aid v	er? □ yes □ no will be sent to your Cobleskill email erent email address below:
Which semester(s) do yo	u plan to enroll in 2020 Fall	0-21? (check a	ll that apply)
1. During the summe	er I will be living: (che	ck one)	
□ Home with	Parents	us 🗆 On-Cam	pus
2. I plan to take Cobleskill credits during the 2020 summer semester.			
3. I want to apply fo <i>(check all that app</i>)		f financial aid	to help me cover my summer costs.
summer seme □ I want a Fe	nd that any Pell that I a ester as long as I am en ederal Direct Student L <i>Minimum of 6 credits re</i>	rolled in at lea .oan.	will automatically be applied to my st 3 credits.
\Box I have appl	ied for TAP.		
	Full time (12 credits) ar	e required.	
-	Attach statement as proc	• •	or summer (ACCESS/VR, VA etc.) t directly by the agency.
	of Agency:		
	lied for a private altern		
Name o	of Lender:		
Student Signature:			
Financial Aid Office Only			