

Please complete this form in ink and submit to the Financial Aid Office at finaid@sunypoly.edu or (315)792-7220 (fax)

Last Name _____ First Name _____ ID# _____

I am: Undergraduate Graduate Anticipated Graduation Date (MM/YYYY): _____

How many credits hours will you be taking in: Summer 2026: _____ Fall 2026: _____ Spring 2027: _____

Where will you be residing:

Summer 2026: At Home with Parent(s) On Campus Off Campus
Fall 2026: At Home with Parent(s) On Campus Off Campus
Spring 2027: At Home with Parent(s) On Campus Off Campus

In order to process your request for summer Financial Aid, you must:

- ✓ Be a matriculated student at SUNY Poly enrolled in courses that are applicable toward your degree
- ✓ File a 2026-2027 Free Application for Federal Student Aid (FAFSA) at www.studentaid.gov
- ✓ Submit this Summer 2026 Financial Aid Application
- ✓ Comply with all requests for additional documents
- ✓ Resolve all financial obligations with the College
- ✓ Maintain Satisfactory Academic Progress

I wish to (select all that apply):

- Apply for **Federal Direct Loans**
 - * Any student loan funds used in the summer will be deducted from your fall and spring loan amounts
 - * You must enroll for a minimum of **six credits as an Undergraduate; five credits as a Graduate**
 - * You must have a valid Federal Direct Loan Master Promissory Note (MPN) and have completed Entrance Counseling online at www.studentaid.gov before the loan can be applied to your account.

- Apply for the **Federal Pell Grant**
 - * For **Undergraduates only**.

- Decline the **Federal Pell Grant**
 - * I understand that I am forfeiting the Pell grant that I would be eligible to receive for the Summer 2026 semester and by signing this form certify that my decision is voluntary.
 - * Your annual Pell award will be divided appropriately between the fall and spring semesters only.

- Apply for **Federal Work-Study**
 - * For Undergraduates only. Pending funding availability.
 - * A percentage of your gross earnings will be considered available for your educational expenses during the fall and spring semesters.
 - * Summer Work-Study may reduce your fall and spring Work-Study award amounts.

I understand and accept the terms and conditions listed above. I further acknowledge that any change in my enrollment status could affect my eligibility for summer financial aid.

Student Signature _____

Date _____

<u>Office Use Only:</u> FAFSA _____ EFC _____ Verification Status _____ Registered _____ Ready to Pkg _____
