

Return to:

2020 Summer Aid Application

Use bla	ck or dark ink				
Name			Student ID N	Student ID Number	
Addres	ss		Apt	City	
State _	Zip	Home Phone	Ce	ell Phone	
You	must be register	ed for Summer co	ourses before	submitting this form.	
-		_		ou may not be eligible for ss than half time enrollment.	
1.	•	you enrolled in Summ		☐ 1-5 Hours	
2.		d (if available)			
3.	•			ed Loan?	
	his is your first Addition representative.	nal Unsubsidized Loan fo	r 2019-2020, you	must meet with a financial	
				endent student is \$3,000. ependent student is \$6,000.	
Student Signature			Date		

Financial Aid Office/ SLCC/ P.O. Box 30808/ Salt Lake City, Utah 84130-0808

FAX: 801-957-4657

EMAIL: financialaid@slcc.edu

Updated 02/20/20