

Summer Financial Aid Request Form

Financial Aid Office 1700 Newcastle Road Forre	est City, AR 72335 870.633.4	480 ext. 224 Fax 870.519	9.2029 <u>financialaid@eacc.edu</u>
Section 1: Student Informati	ion		
Student ID:		Student SSN:	
Full Name:			
Mailing Address:	City:	State:	Zip:
Home Phone:Wo	ork Phone:	Cell Phone: _	
EACC's E-mail:	Alternate E-mail:		
be processed for Summer I only. If you do cancelled or reduced. If you need to make revised form to the Financial Aid Office. This processing. Semester	changes after you submit	this application, pleas ubmitted by May 9, 2	se complete and submit a
(Summer I) 5 weeks/10 weeks session			
(Summer II) 5 weeks session	July 5 - August 2		
Students who received the maximum Pell dis summer disbursement and must be registere not receive the maximum Pell disbursement to receive the remaining Pell grant disbursement Students must meet the Satisfactory Academ	d at least half-time (6 credi for fall and spring (registerent at during the summer seme	it hours) during the sumed less than full-time) mester for even just 1 creaters.	nmer. Students who did nay be eligible to dit hour.
summer aid. Please contact the Financial Off			
DO YOU PLAN TO SEEK A SUMMER FED			YES NO
IF TES, FEEASE CONTACT THE FINANCIAE AID OFF	TICE, BETTT 30 HODGES BOILE	JING, ROOM 101.	
Certification Statement I have read this Summer Financial Aid Reque awarding and disbursement of funds. I will ma		•	ulations regarding the
Signature:		Date:	