



OGLETHORPE
UNIVERSITY

Application for Financial Aid – Summer Semester 2009

Full name: _____
Last First Middle

Student ID Number: _____ Date of Birth: ____/____/____

Permanent Address: _____
Street

_____ How long at this address? _____
City State Zip

Where do you plan to reside while attending OU during the Summer Semester?

___ on campus ___ with parents ___ off-campus apartment ___ other

Number of hours you plan to enroll Summer Semester: _____ (to receive most types of federal aid you must be enrolled in at least 6 hours)

Program/Class level: Expected Graduation date: ____/____/____

___ **Traditional Undergraduate**

___ **Evening Degree Program**

___ **MAT Program**

Have you ever defaulted on a student loan? ___ Yes ___ No

Will you receive any tuition reimbursement for Summer Semester? ___ Yes ___ No
If yes, please list amount: \$_____

Will you receive any V.A. or Voc. Rehab. benefits for the Summer Semester?
___ Yes ___ No

Are either of your parents employed at Oglethorpe University? ___ Yes ___ No

Please complete reverse side

List any relatives currently attending Oglethorpe University:

Summer Checklist:

- _____ I have completed a 2009/2010 FAFSA. (go to www.fafsa.ed.gov OU's school code is 001586)
- _____ I have completed the GTEG/HOPE application. (only undergraduate Georgia residents at www.gacollege411.org)
- _____ If required, I have submitted all verification documents requested by the Office of Financial Aid for the 2009-2010 school year.

Student Certification:

I certify that I have read the University's policy on financial aid as stated in the Oglethorpe University Bulletin. I am also aware of the University's policy on satisfactory Academic Progress. I certify that I am not in default on any Federal Title IV loan and that I do not owe an overpayment/refund on any Federal Title IV grant (Pell, SEOG, SSIG) received for my attendance at any institution. I certify that all information supplied on this application is true and correct to the best of my knowledge.

Student signature

Date

Authorization to release information: I give permission to the Office of Financial Aid staff to discuss any information regarding my financial aid application and all accompanying documents with the following person(s):

_____ Spouse: _____

_____ Parent(s): _____

_____ Other: _____

Please return completed application to:

Oglethorpe University
Office of Financial Aid
4484 Peachtree Rd., NE
Atlanta, GA 30319

Phone: (404) 364-8354
Fax: (404) 364-8359