

## FINANCIAL ASSISTANCE APPLICATION

## 2020 SUMMER SESSION

NAME CURRENT ADDRESS SUMMER ADDRESS		ID#			
			PHONE		
1.	Will you be living: On-Campu	is Off-Camp	ous with	with Parents	
Co	ollege work study applicants (skip t	o question 4)			
2.	If requesting aid for summer school, Course # Title Course # Title Course # Title	Cr. Hrs. Cr. Hrs.	Session _ Session _		
3.	Are you <u>CURRENTLY</u> enrolled at Mo	ount Marty College?	YES	NO	
	I college work study applicants must Will you be enrolled for summer sch		<mark>a 4 to 7</mark> YESN	٩O	
5.	What months will you be able to wor May – August May June	k: July August			
6.	Would you like to work:	40 hrs/wk	_20 hrs/wk		
	***Note - The college must have or to be considered for full-time w April 21, 2020, to be given prior	ork. You must be reg	jistered for Fall 20	20 classes by	
7.	If applying for College work-study, pl A. Clerical Tutoring B. Are you currently working on the If yes, where?	Facility Service	es		

Sign and return this form to the Financial Assistance Office in Roncalli 100 as soon as possible.