

## FINANCIAL ASSISTANCE APPLICATION

## 2020 SUMMER SESSION

NAME			ID#		
CURRENT ADDRESS			PHONE		
SUMMER ADDRESS		PHONE			
1.	Will you be living: On-Campus		_ Off-Campus	with Parents	
Ur	niversity work study applicant	s (skip to quest	<u>ion</u> 4)		
	If requesting aid for summer so Course # Title Course # Title Course # Title		Cr. Hrs Cr. Hrs Cr. Hrs	Session Session Session	
3.	Are you CURRENTLY enrolled	at Mount Marty	University?	YES	NO
AI	***Note - You must be taking I university work study applica				oan.
	Will you be enrolled for summe			NO	
5.	What months will you be able t May – August May June				
6.	Would you like to work:	40 hrs/wk	20 h	rs/wk	
	***Note - The university mus to be considered for full-t April 21, 2020, to be giver	ime work. You	must be register	ed for Fall 2020	•
7.	If applying for University work- A. Clerical Tutorin B. Are you currently working of If yes, where?	ng Failed	acility Services pus?YES		

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