



Quincy University

OFFICE OF FINANCIAL AID

1800 COLLEGE AVENUE ■ QUINCY, IL 62301-2699
Telephone: 217-228-5260 ■ Fax: 217-228-5635

2016 Summer Financial Aid Application for Professional Studies

Name _____ QU ID _____

Date of Birth _____ Home Phone () _____

Permanent Mailing Address _____

City/State/Zip _____

Work Phone () _____

Are you a: Continuing QU Student New or Transfer

Do you plan to attend QU during the 2016-2017 academic year? Yes No

Your expected graduation date: _____

Enrollment Plans: Please indicate the number of hours you will be enrolled. Your award will be based on the information you provide and confirmed by the copy of your registration. Changes in enrollment may decrease your award. If you have any questions as to eligibility of your enrollment plans, contact the Office of Financial Aid.

May 16-May 27	May Interim Session*	_____	Credit Hour(s)
June 6-June 30	June "A" Session	_____	Credit Hour(s)
July 5-July 28	July "B" Session	_____	Credit Hour(s)
June 6-July 28	June-July "C" Session	_____	Credit Hour(s)

This application must be completed and submitted along with a copy of your Summer Registration form to the Office of Financial Aid for processing. *Summer aid will reduce the amount of funds available for the academic year.*

**If you are enrolled in the May Interim Session only, you are not eligible for Summer Financial Aid.*

YOU MUST BE ENROLLED FOR AT LEAST 3 CREDIT HOURS TO BE ELIGIBLE FOR PELL GRANT & 6 CREDIT HOURS TO BE ELIGIBLE FOR STAFFORD LOANS.

Student's Signature

Date