THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Office of Student Financial Aid 865 University Research Park, Suite 240 Oklahoma City, OK 73104

Phone: 405-271-2118 Fax: 405-271-5446 Financial-Aid@ouhsc.edu



SUMMER 2019 FINANCIAL AID REQUEST TERMS AND CONDITIONS

Name	Student ID	Phone #

In order to obtain financial aid at OUHSC for Summer 2019, students must meet ALL of the following criteria.

- MUST be enrolled in at least 6 hours (undergrad) or 2 hours (graduate),
- MUST be in good academic standing, meeting required standards of academic progress,
- MUST have on file with OUHSC Office of Student Financial Aid the results of the 2019-2020 FAFSA

Students attending the following programs are <u>NOT</u> required to fill out this form: AuD, MOT, DPT, Dentistry, Medicine, PA, 4th year Pharmacy, ABSN, and undergraduate Allied Health students

If requesting loan funds for Summer 2019, know that you cannot receive more than the annual federal maximum allowed in the Direct Loan program. Loan funds received during the Summer will affect your loan eligibility for the following Fall and Spring terms. OUHSC policy requires that tuition and fees charges be paid with the first available aid source disbursed, which includes loans.

Hours enrolled for Summer: _____ Expected Graduation Date: _____ Program and degree: ______

Will you or have you received aid at any other institution other t	han OUHSC during the 2019-2020 aid year? Yes No	
If Yes, please list the institution, type of award, and award amou	int:	
Will you receive any aid offered outside of the OUHSC award particles, please list the award(s)here:	ckage? (e.g. Oklahoma's Promise, National Merit) Yes	No
Student Signature	Date	

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED, THEY WILL BE RETURNED TO YOU FOR COMPLETION.

SUMMER 2019 APPLICATIONS MUST BE RECEIVED BY JULY 29, 2019.