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 <u>Financial-Aid@ouhsc.edu</u>



SUMMER 2024 FINANCIAL AID REQUEST TERMS AND CONDITIONS

Name	Student ID	Phone #
In order to obtain financial aid at OUHS	SC for Summer 2024, students must me	et ALL of the following criteria.
MUST be in good academic sta	hours (undergrad) or 2 hours (graduat anding, meeting required standards of a C Office of Student Financial Aid the res	academic progress,
Students whose attend	lance is required in the Summer terr	m will not have to complete this form.
Loan program. Loan funds received du	ring the Summer will affect your loan e	than the annual federal maximum allowed in the Direct ligibility for the following Fall and Spring terms. OUHSC d source disbursed, which includes loans.
Hours enrolled for Summer:E	spected Graduation Date:	_ Program and degree:
Will you or have you received aid at an	y other institution other than OUHSC d	uring the 2024-2025 aid year? Yes No
If Yes, please list the institution, type o	f award, and award amount:	
	e of the OUHSC award package?(e.g. C	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 2024 APPLICATIONS MUST BE RECEIVED BY <u>JULY 29, 2024.</u>