## 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<br>anding, meeting required standards of a<br>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<br>ligibility for the following Fall and Spring terms. OUHSC<br>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>