



Student Financial Aid and Scholarships
P. O. Box 629 | Grambling, LA 71245
Web: www.gram.edu | Fax: 1-318-274-3358

SUMMER 2026 - FINANCIAL AID REQUEST FORM

Student Information:

REVISABLE APPLICATION

Last Name: First Name: G number: G

Email: Phone #: Date of Birth

Complete this form if you are applying for Federal Financial Aid and return it to the Financial Aid Office by the Priority Deadline April 27th, 2026

ENROLLMENT STATUS FOR SUMMER ONLY
3 - 5 hours = Halftime 6 or more hours = Fulltime
(MUST ENROLL IN AT LEAST 3 HOURS FOR STUDENT LOANS)

Please indicate the number of hours you plan to enroll for the summer session(s)

Summer I (5/26/26- 6/24/26): # of hours Summer II (6/30/26- 7/23/26): # of hours
Summer 10-week program (May to July): # of hours

NOTE: This is only available to students who are in the Graduate Nursing or MPA program.

IMPORTANT: If you enroll in less hours than what is indicated on this form, the amount of your Pell Grant will reduce before the disbursement date. This will impact your amount owed to the University.

If you (or your parent(s)) have applied for the following, please indicate below:

- My Parent has applied for the parent PLUS loan I have applied for the Grad PLUS Loan
Even if you or your parents applied for a PLUS loan for the fall and/or spring semester, another plus loan for the summer is required for the 2025-2026 school year.

Please indicate the type of aid you wish for our office to review your eligibility for, and if applicable, the amount you wish to receive.

- Pell Only All remaining loan eligibility Specific loan amount: \$
Cannot exceed the cost of Cannot exceed annual eligibility attendance budget for the summer.

Student Certification and Signature:

I have read the information on this form and understand that I must be making satisfactory academic progress to receive federal financial aid (grants, work-study, student and/or parent loans). I understand that my financial aid award is subject to change based on eligibility requirement and hours.

Student Signature

Date

**\*\*\*DO NOT COMPLETE: FOR OFFICE USE ONLY\*\*\***

Grade Level: \_\_\_\_\_

Dependency Status: \_\_\_\_ Dependent \_\_\_\_ Independent

Residential Status: \_\_\_\_ In State \_\_\_\_ Out-of-State

Housing Status: \_\_\_\_ On \_\_\_\_ Off \_\_\_\_ With Parents

**FEDERAL AWARDS**

Pell Grant: \_\_\_\_\_

Direct Sub Loan: \_\_\_\_\_

Direct Unsub Loan: \_\_\_\_\_

Direct PLUS Loan: \_\_\_\_\_

Other: \_\_\_\_\_

Summer Cost of Attendance: \_\_\_\_\_

**E F C:**

\_\_\_\_ 1 Month \_\_\_\_\_

\_\_\_\_ 2 Month \_\_\_\_\_

Difference (unmet need): \_\_\_\_\_

\_\_\_\_ Pending Grade Level Change \_\_\_\_ Pending Plus Option

\_\_\_\_ Not Eligible, Private Loan Option

\_\_\_\_ Incomplete \_\_\_\_\_

Counselor's Initials \_\_\_\_\_

Date \_\_\_\_\_