

## Summer Financial Aid Request 2022-2023

Financial Aid Office 7390 S. 6<sup>th</sup> Street Klamath Falls, OR 97603 (541) 882-3521 www.klamathcc.edu

(Please print and complete in blue or black ink)

Last Name	First Name	Middle Initial	
Social Security Number	Student ID#	Date of Birth	
attending summer term is opt	tional. By doing so, yond nd distributed equally	purposes of receiving federal financial pur annual federal financial aid fund am through summer, fall, winter, and springer.	ounts will
Before submitting this form, p	please check-off that the	he following have been completed:	
I intend to register in c	lasses for the Summe	er 2022 quarter.	
I have submitted my 2 completed all docume		tion for Federal Student Aid (FAFSA) a	nd have
(If requesting loans) I	am registered at least	half-time (6 credit hours).	
<u> </u>		aster Promissory Note and attended Dicannot be completed before June 1st	
•	u are eligible for a fina	al Aid Office, an Award Letter will be se ancial aid disbursement, you will need to	
Signature:		Date:	
oigilatale		Dato	