

Summer Financial Aid Request 2023-2024

Financial Aid Office 7390 S. 6th 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 o	ptional. By doing so, you and distributed equally t	ourposes of receiving federal financ our annual federal financial aid fund a hrough summer, fall, winter, and sp or.	amounts will
Before submitting this form,	please check-off that the	e following have been completed:	
☐ I intend to register in	classes for the Summer	2023 quarter.	
I have submitted my completed all docum	• •	on for Federal Student Aid (FAFSA) and have
(If requesting loans)	l am registered at least h	alf-time (6 credit hours).	
<u> </u>	•	ster Promissory Note and attended annot be completed before June	
•	∕ou are eligible for a finaı	Aid Office, an Award Letter will be ncial aid disbursement, you will nee	
Signature:		Date:	