

## Summer Financial Aid Request 2024-2025

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 o	ptional. By doing so, you and distributed equally t	ourposes of receiving federal financial aid, our annual federal financial aid fund amounts ourough summer, fall, winter, and spring to e r.	
Before submitting this form	, please check-off that the	e following have been completed:	
I intend to register in	classes for the Summer	2024 quarter.	
I have submitted my completed all docum	• • •	on for Federal Student Aid ( <b>FAFSA</b> ) and ha	ave
(If requesting loans)	I am registered at least h	alf-time (6 credit hours).	
`	•	ster Promissory Note and attended Direct L unnot be completed before June 1 <sup>st</sup> ).	.oan
	you are eligible for a finar	Aid Office, an Award Letter will be sent to t ncial aid disbursement, you will need to sign	
Signature:		Date:	