

Summer Financial Aid Request 2025-2026

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 opt	ional. By doing so, yound distributed equally t	purposes of receiving federal financia ur annual federal financial aid fund a hrough summer, fall, winter, and spri ar.	mounts will
Before submitting this form, p	lease check-off that the	e following have been completed:	
I intend to register in c	asses for the Summer	2025 quarter.	
I have submitted my 20 completed all documer	• •	ion for Federal Student Aid (FAFSA)	and have
(If requesting loans) I a	am registered at least h	nalf-time (6 credit hours).	
<u> </u>		aster Promissory Note and attended I annot be completed before June 1	
•	u are eligible for a finaı	l Aid Office, an Award Letter will be s ncial aid disbursement, you will need	
Signature:		Date:	