2011 Summer Funding Request Form
Due: Monday, March 28, 2011

**Summer funding** is available to students to enable them to carry forward their program of study. You may request up to $4,000 in aid.

**Conditions:** These funds are intended to provide supplementary support for tuition, living expenses or payment for health care. They are available to students in good standing who are progressing through their program of study in a timely manner. The Doctoral Office will assume that in applying for summer funds, students will have pursued other sources of funding. Students who have other sources of funding (min.: .40% GSRA, .40% GSI, 20 hours of temp. work, grant funds, first year student with tuition support for SP/SUM MSW course work) for Spring and/or Summer Terms are not eligible.

**Timeline:** Awards will be made by Friday, April 11th.

Name ___________________________   UMID _______________________  
(not SS#)

Amount requested: $ _____________

I need $___________ of this amount applied for MCARE-GradCare coverage.

(Four months of healthcare coverage total = Single $835.92  2 adults $1,671.84 Call for other options.)

1. Describe briefly the goal of your program of study from 5/1/11-8/31/11 and the academic activities to be undertaken in pursuing that goal.

2. Please outline a budget for the money you are requesting:

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3. List in the space below any form of financial aid for which you have applied and/or won for the current academic year (2010-11) or next year (2011-12) e.g., loans, work/study, assistantships, other employment, as well as the status of the respective commitment from that source.

4. Are you registering for coursework for the term for which you are requesting aid?

( ) YES  ( ) NO

   a. IF YES: Indicate course(s), term, department, and number of credits:

4. Provide below any additional information you wish to bring to our attention. This may include unusual circumstances relating to your academic record, financial status, personal circumstances, or special educational needs.

5. I certify that the information provided by me in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation may result in the cancellation of this award.

SIGNATURE: _________________________________________ DATE: ______________________

For office use only:

Award   Yes______   No_______    Reason rejected: _________________________________

Amount of Financial Aid awarded: $____________

Source ___________ Salary/Stipend: ________  Health Benefits: ________  Tuition: ______

Source ___________ Salary/Stipend: ________  Health Benefits: ________  Tuition: ______

DATE _______________ DIRECTOR SIGNATURE _________________________________

DATE AWARD LETTER SENT TO STUDENT: ____