



## 2014 SUMMER FINANCIAL AID FORM Hopkinsville Community College

Please complete the following form and give to your financial aid office.

*Please print legibly*

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Last 4 of SS#: XX-XXX- \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Did you receive a Pell grant?**  Yes  No      **Did you receive a loan in Fall or Spring?**  Yes  No  
**Semester hours for:** \_\_\_\_\_ Fall, 2013      \_\_\_\_\_ Spring, 2014

**Were you full time (12 hours or more) for both fall and spring semesters?**       Yes  No

If YES, your Pell grant funds have been used for the year; other funds may be available.

**Where will you be living this summer?**  with parents       not with parents

Please complete the enrollment information for all summer sessions.

Home Campus; HOPKINSVILLE CAMPUS

FT. CAMPBELL CAMPUS

Session Start Date	Course Title	Credit Hours

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only

ID: \_\_\_\_\_

Pell used for year: \_\_\_\_\_

EFC: \_\_\_\_\_

Pell remaining for semester: \_\_\_\_\_

