

Summer Financial Aid Request Form

Financial Aid Office | 1700 Newcastle Road | Forrest City, AR 72335 | 870.633.4480 ext. 302 | Fax 870.519.2029 | financialaid@eacc.edu

Section 1: Student Information				
Student ID:		Student SSN: _		
Full Name:				
Mailing Address:	City:	State:_		Zip:
Home Phone:Wor	k Phone:	Cell Phone:		
EACC's E-mail:	Alternate E-mail:			
Please check all of the summer sessions in a processed for Summer I only. If you do not e reduced. If you need to make changes after Financial Aid Office. This application must Semester	nroll in the session(s) indicate you submit this application, p	ed on this applica blease complete a 024 to meet prio	ition, your and subm	aid will be cancelled or a revised form to the
(Summer I) 5 weeks/10 weeks session			edit noui	
(Summer II) 5 weeks session	July 1 – July 30			
Students who received the maximum Pell disbursement and must be registered at least he maximum Pell disbursement for fall and spring grant disbursement during the summer semest Students must meet the Satisfactory Academic Please contact the Financial Office regarding years.	nalf-time (6 credit hours) during (registered less than full-time) er for even just 1 credit hour. Progress (checked at the end	the summer. Student may be eligible to lead of spring semested	dents who receive the er) to be e	did not receive the ne remaining Pell
DO YOU PLAN TO SEEK A SUMMER FEDER	RAL WORK-STUDY ASSIGNN	MENT?	YES	NO
IF YES, PLEASE CONTACT THE FINANCIAL AID OFFIC	CE, WELCOME CENTER OFFICE 123	3.		
Certification Statement I have read this Summer Financial Aid Requestion and disbursement of funds. I will make plans for		•	ulations re	egarding the awarding
Signature:		Date:		