REQUEST FOR SUMMER SAVINGS REPLACEMENT

Do not mail this form to the Financial Aid Office. Call the office to schedule an appointment (609 258-3330) and bring the completed form with you to your appointment.

Name ___________________________________________ Class _________

I was unable to meet my summer savings expectation for the reason(s) listed below and request additional University aid to help cover the resulting shortfall in my resources.

Signature ________________________________ Date __________

☐ I worked but did not save the amount expected. Total Earnings $________

Summer Expenses (Do not include expenses your parents covered):

Rent (if you lived away from home) $ __________
Lunches (and other food if away from home) ______________
Transportation to and from job ______________
Other (Itemize)

__________________________________________
__________________________________________
__________________________________________

Total Expenses $________

Savings (Total earnings less expenses) $________

☐ I did not work at a paid job. (Briefly describe your summer activities.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
## OFFICE USE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Savings</td>
<td>$__________</td>
<td>□ AAF received</td>
</tr>
<tr>
<td>(-) Actual Savings</td>
<td>$__________</td>
<td>□ VER documents checked</td>
</tr>
<tr>
<td>= Deficit</td>
<td>$__________</td>
<td>□ FWS Eligibility and earnings to date checked. FM or other adjustments made if necessary.</td>
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</tbody>
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Notes: