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

Expected Savings $______________ □ AAF received
(-) Actual Savings $______________ □ VER documents checked
= Deficit $______________ □ FWS Eligibility and earnings to date checked.
                      FM or other adjustments made if necessary.

Notes:

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