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>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td>☐ SSDEF grant amount recorded in packaging</td>
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</tbody>
</table>

07/2015
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