

**UNDERGRADUATE FINANCIAL AID  
220 Morrison Hall**

**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 \_\_\_\_\_

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**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)** \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE**

*Expected Savings*     \$ \_\_\_\_\_

*(-) Actual Savings*     \$ \_\_\_\_\_

*= Deficit*                     \$ \_\_\_\_\_

**Notes:**

- AAF received*
- VER documents checked*
- FWS Eligibility and earnings to date checked.  
FM or other adjustments made if necessary.*
- SSDEF grant amount recorded in packaging*
- I-9 Form (completed/will complete)*
- SHP aid request if enrolled*