



SUMMER 2024 FINANCIAL AID APPLICATION – SSAP

Final Deadline: **JUNE 10, 2024**

Print: Last Name, First, M.I. _____ CofC ID Number _____

Phone Number: _____ Expected Graduation Date: _____ Major: _____

____ Undergraduate or ____ Graduate student

Summer Housing Plans: On Campus ____ Off Campus ____ With Parents ____

Check type(s) of aid requested: Undergraduate students are automatically considered for grant eligibility. The Federal SEOG, SC Teacher Loan, College Work Study, and SC Need Based Grant Programs are not available in the summer.

____ Subsidized Direct Student Loan ____ Unsubsidized Direct Student Loan

____ TEACH Grant (must be in approved program and meet other specific eligibility requirements)

____ PLUS Parent Loan for Undergraduate student* ____ PLUS Graduate Loan for Graduate Students*

***PLUS borrower must apply for Summer PLUS online at: <https://studentaid.gov/>**
(The current federal loan origination fee is 4.228% and will be deducted from the scheduled disbursement.)

State Scholarships only

____ I wish to participate in the Summer State Scholarship Program. (Undergraduate, SC residents only.) (Please initial each line below indicates you understand.)

____ I confirm that I am registered in 12 credit hours and must maintain 12 hours enrollment to be eligible.

____ I understand that Summer State Scholarship eligibility cannot be confirmed until May 26 and any summer bills due prior to May 26th are my responsibility to pay.

____ I understand I will be using one of my eight semesters of potential eligibility if I participate.

____ This program is designed for undergraduate, SC resident students who anticipate graduating early. I confirm that by registering and participating in the Summer State Scholarship Program, I anticipate graduating a semester early. I understand that participation does not guarantee early graduation.

____ I have read the Terms and Conditions document and agree to the corresponding state scholarship affidavit.

COMPLETE THIS SECTION ONLY AFTER YOU HAVE OFFICIALLY REGISTERED FOR SUMMER CLASSES. You must be taking the classes at CofC to receive aid. We do not offer financial aid consortium agreements with other schools.**

Session Code	Session/Begin/End dates	Enter number of registered hours in each session
1	Full Summer	
4	Maymester- May 13 -May 29,2024	
5	Extended Sum-May 13- June 26,2024	
6	Summer I: June 03- July 02, 2026	
8	Summer II: July 08- Aug. 06, 2024	

You must notify our office if your enrollment above changes after you submit this application.

Credit hours earned from **EDLS 100 Learning Strategies, EDPD courses, or Audited (AU) courses do not count toward degree requirements. Therefore, these courses do not count for financial aid purposes. Financial aid students should treat these courses as an add-on to a regular full-time course load. Graduate students who enroll in both undergraduate and graduate courses, must ensure that at least 3 of their credit hours are at the 500 level or higher to receive student loan amounts at the graduate student level.

Print: Last Name, First, M.I.

CofC ID Number

If your enrollment changes, you must inform us at: financialaid@cofc.edu

Funding for summer financial assistance is very limited. Your request may be considered if you did not exhaust your eligibility in the 23-24 academic year and you meet the SAP Policy standards for federal student aid.

Undergraduate students must be enrolled in a minimum of 6 hours (an exception to this rule applies in the Federal Pell Grant Program for the few students with unused **initial** eligibility), graduate students a minimum of 3 hours of graduate level coursework. The Pell Grant program is now available for additional awards over the summer. Students can receive additional Pell Grant awards for the summer term(s) if they are in a minimum of 6 hours and have not exhausted their Pell lifetime eligibility. Enrollment is based on the total hours of all summer sessions.

NOTE: If you have previously accepted the “Terms and Conditions” your aid will be awarded as offered and accepted.

I understand that if I change my class schedule, drop a class(es), fail to attend class(es), or if a class is canceled by the school and I fail to replace it with another course, or withdraw from school, my aid is subject to reduction or total cancellation which may result in my owing a bill to the College of Charleston. I have reviewed and understand the Terms and Conditions document.

Student Signature _____ Date _____

Note: Electronic signatures are NOT acceptable

P&P 8.10.5.24 03/04/2024