

WINTERIM SESSION 2010 AID APPLICATION

(YOU MUST READ THE [WINTERIM AID INFORMATION](#) BEFORE APPLYING FOR WINTERIM AID)

Name _____ Potsdam ID _____
Potsdam E-mail Address: _____ Winterim Phone () _____
Mailing Address: _____

A. I Plan To Enroll For The Following Winterim Sessions:

I plan to enroll in winterim classes at SUNY Potsdam. If I change my enrollment, I understand that I must notify the Financial Aid Office immediately. You must be enrolled in both the winterim and spring semesters to receive financial aid for winterim.

3 Week Session (Dec. 28th, 2009 – Jan. 19th, 2010) _____ Credit Hours
 2 Week Session (Jan. 6th, 2010 – Jan. 19th, 2010) _____ Credit Hours

My expected spring enrollment is for _____ Credit Hours

(Please indicate *start date*: _____ *end date*: _____ of Internship or Abroad Program)

I plan to enroll in winterim/spring classes at another institution. I have completed all items below plus the consortium agreement.

B. I am a(n): Undergraduate Student Graduate Student

Please note: Federal regulations mandate that we first determine your PELL eligibility before we may certify a loan for you. You are not permitted to take a loan (federal or private) in place of the Federal PELL Grant. If you are enrolled for winterim and you are also enrolled in the Spring '10 semester, and you complete the FAFSA application, you will be awarded a Federal PELL Grant during the winterim if you are eligible to receive PELL. You will be eligible for the New York State TAP grant if you are full-time (12 or more credit hours) in the Spring '10 semester; winterim enrollment is not factored into TAP eligibility. You also must also have remaining eligibility for the grant and meet other TAP eligibility requirements.

I wish to apply for Federal Direct Stafford Loan (Subsidized or Unsubsidized depending on eligibility)
 Federal Direct Parent PLUS Loan
 Alternative Loan (Private education loan through a lender of your choice)
 [Please be aware that the student loan industry has tightened and it may be more difficult to obtain a private loan, even with a cosigner. If you will rely on a private education loan to cover your bill, you should apply for the loan early.]

\$ _____ ***TOTAL WINTERIM AID NEEDED ROUNDED TO THE NEAREST WHOLE DOLLAR***
(See ["How to Figure How Much Financial Aid You'll Need for Winterim"](#) for help)

C. Do you expect to receive any other sources of assistance in the winterim or spring terms? For example: VESID, Private Scholarships, etc.

If yes, please indicate the type and amount you expect to receive: _____

D. Certification: *I understand that in order to receive financial assistance for the winterim session I must file the Free Application for Federal Student Aid and the results must be forwarded to the Financial Aid Office. I understand that federal regulations mandate that the college certify aid for payment during the in-school period. Documents must be submitted and the Financial Aid Office must have processed a loan on your behalf prior to the last day of your spring classes.*

STUDENT SIGNATURE

DATE

****Please note--Refund Policy found under the "Winterim Refunds" information section & policies regarding enrolling in classes at another institution are found under the "Important Policy Information" section.***

Winterim Consortium Agreement

Please complete this section if you plan to attend another institution during the winterim session.

The Student Accounts Office will issue you a refund (when applicable) once the consortium process is complete. **IT IS YOUR RESPONSIBILITY TO USE THIS REFUND, OR OTHER RESOURCES, TO PAY YOUR BILL WITH THE HOST INSTITUTION.**

Name: _____

Potsdam ID: _____

Complete items 1 through 5 below.

1. Name of College/Address/FAX _____

Dates of spring enrollment start: _____ end: _____

2. A copy of the bill for spring enrollment at the above named school must be enclosed.

3. Indicate number of credits you will be taking at: SUNY Potsdam _____ & Other Institutions _____.

4. I have contacted Academic Transfer Service. Listed below are the courses and number of credit hours I will be taking.

I agree to notify SUNY Potsdam's Financial Aid Office of any changes regarding my enrollment at another school, whether it be adding or dropping classes and provide them with an updated bill if necessary. I understand that if I take courses different than those listed above, I must complete a new consortium form for any new course(s).

Student's Signature

Date

Academic Transfer Services or Graduate Studies certifies that the courses listed above will transfer back to SUNY Potsdam and be applied toward the student's degree. (Signature of Academic Transfer Services or Graduate Studies needed here!)

Academic Transfer Services/Graduate Studies signature

Date