



## FINANCIAL A

# SUMMER 2024

*To the Applicant: Please refer to the instructions on the opposite side of this page before completing this application, and provide all information. Do not complete this form if you are either a **visiting student**, or **are returning to school to restore academic eligibility**; neither category can be funded.*

Name \_\_\_\_\_ Meredith ID \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street City State Zip

Daytime Number \_\_\_\_\_ Cell \_\_\_\_\_ Email address: \_\_\_\_\_

## **Enrollment Plans**

*Please enter the number of credit hours you will take:*

1 <sup>st</sup> 3Week Session (May 20-June 7)	_____*(hrs)	1 <sup>st</sup> 5Week Session (May 20-June 21)	_____*(hrs)
2 <sup>nd</sup> 3Week Session (June 10-June 28)	_____*(hrs)	2 <sup>nd</sup> 5Week Session (June 24-July 26)	_____*(hrs)
3 <sup>rd</sup> 3Week Session (July 1-July 19)	_____*(hrs)		