



20-21

**2021 SUMMER PELL GRANT
CLASS PLAN**

SUMMER PELL GRANT ELIGIBILITY GUIDELINES

A student who is eligible for a Federal Pell Grant for the summer semester **MAY** charge tuition (or books if award is adequate) to his/her Federal Pell Grant Award each term.

Please turn this form in to the Financial Aid Office at least before the first class begins.

PLEASE NOTE: COE, LLS, AND EDU CLASSES WILL NOT BE COUNTED TOWARD TOTAL HOURS FOR FINANCIAL AID PURPOSES UNLESS THEY ARE IN THE STUDENT'S CURRICULUM

Please complete this form and return to the financial aid office as soon as you have registered for summer school.

Name: _____

GEN ID#: _____

I plan to enroll in the following courses for **Summer 1 Day/Evening** of summer school, 2021:

Class begins June 1st Ends June 25th

Course: _____ Hours: _____

Course: _____ Hours: _____

I plan to enroll in the following courses for **Full Term Online** of summer school, 2021:

Class begins June 1st Ends July 22nd

Course: _____ Hours: _____

Course: _____ Hours: _____

I plan to enroll in the following courses for **Short Term I Online** of summer school, 2021:

Class begins June 1st Ends June 24th

Course: _____ Hours: _____

Course: _____ Hours: _____

I plan to enroll in the following courses for **Short Term II Online** of summer school, 2021:

Class begins June 28th Ends July 22nd

Course: _____ Hours: _____

Course: _____ Hours: _____

I plan to enroll in the following courses for **Summer II Day/Evening** of summer school, 2021:

Class begins July 5th Ends July 30th

Course: _____ Hours: _____

Course: _____ Hours: _____

Do you plan to enroll at Northeast for fall 2021? Yes _____ No _____

Have you ever attended another college? Yes _____ No _____

If yes, give name and the dates attended of all colleges:

**Please include semesters in which you withdrew from college. Failure to list other colleges attended could mean denial of student financial aid.*

I understand that if I do not take the hours listed above I could become ineligible for my Pell Grant award for the summer semester. I understand that **Withdrawal (official or unofficial) from classes could result in repayment of a portion of my Title IV awards according to the Return of Title IV Fund policy.** I also understand all of the guidelines above.

Signature

Date



20-21

**2021 MEDICAL PROGRAMS
SUMMER PELL CLASS PLAN**

Please complete this form and return to the financial aid office as soon as you have registered for summer school.

Name: _____
GEN ID#: _____

I plan to enroll in the following courses for **Associate Degree Nursing** summer school, 2021

Course: _____ Hours: _____
Course: _____ Hours: _____

I plan to enroll in the following courses for **Medical Assisting** summer school, 2021:

Course: _____ Hours: _____
Course: _____ Hours: _____

I plan to enroll in the following courses for **Medical Laboratory** summer school, 2021:

Course: _____ Hours: _____
Course: _____ Hours: _____

I plan to enroll in the following courses for **Practical Nursing** summer school, 2021:

Course: _____ Hours: _____
Course: _____ Hours: _____

I plan to enroll in the following courses for **Radiology** summer school, 2021:

Course: _____ Hours: _____
Course: _____ Hours: _____

I plan to enroll in the following courses for **Respiratory** summer school, 2021:

Course: _____ Hours: _____
Course: _____ Hours: _____

Do you plan to enroll at Northeast for fall 2021? Yes _____ No _____

Have you ever attended another college? Yes _____ No _____

If yes, give name and the dates attended of all colleges:

**Please include semesters in which you withdrew from college. Failure to list other colleges attended could mean denial of student financial aid.*

I understand that if I do not take the hours listed above I could become ineligible for my Pell Grant award for the summer semester. I understand that **Withdrawal (official or unofficial) from classes could result in repayment of a portion of my Title IV awards according to the Return of Title IV Fund policy.** I also understand all of the guidelines above.

Signature

Date