

Western Nevada College
SUMMER Aid Request

Western Nevada College
2201 College Parkway
Carson City, NV 89703
Phone: (775) 445-3264/Fax: (775) 445-3058

You must attach a copy of your schedule!!!

Name _____ NSHE Student ID _____

Phone Number (____) _____ Email Account _____

I will be attending the Summer session. Please determine my Financial Aid eligibility for Summer which includes the Pell Grant, State/Institutional Grants, or Stafford Loans.

Summer YEAR attending: _____

For Office Use Only: PELL Eligibility: _____

If you are requesting loans you **MUST**: Complete the information below, have remaining loan money available, **AND** you must be in at least six (6) financial aid eligible credit hours to receive loan(s).

(YOU MUST TELL US WHICH ONE OR BOTH)

SUBSIDIZED:

AMOUNT _____ (YOU MUST PUT A DOLLAR AMOUNT)

UNSUBSIDIZED:

AMOUNT _____ (YOU MUST PUT A DOLLAR AMOUNT)

ONCE your Financial Aid eligibility has been determined, and **IF** you are eligible for Summer Financial Aid, you will receive a **NEW** Financial Aid Award Notice through your **myWNC** account.

By signing below you agree:

That you plan to take summer classes and will not be using your remaining Pell Grant at another institution.

And/ OR

That if you request a loan(s) you must repay loan(s) and you accept the obligation to repay loan(s). You may cancel loan(s) in writing or via email, and/or return loan(s) to your lender.

Signature: _____

Date: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
