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.