

**Detroit Mercy Law School Scholarship and Financial Aid Application
Summer 2019**

Student Name _____ ID # TO _____

(Summer) Address _____

City, State, Zip _____

Living status: with parents/relatives own residence on campus temporary/abroad

Phone numbers: cell (____) _____ home/work _____

I am enrolled for (enter NUMBER of credits on appropriate line[s]):

____ credits in the Intersession (5/13-5/24) ____ credits in law summer (5/28-7/26)

____ credits (JD/MBA) for McN Summer I ____ credits (JD/MBA) for McN Summer 2

____ credits in an approved (circle one) study abroad program* other law school*

Total number of credits for summer period (May-August): _____

*Students selecting this option must provide copy of approval letter and letter of good standing from Dean Jennings and host school contact information for a consortium agreement to be sent.

I wish to apply for financial aid (including scholarships) in the total amount of (check one):

____ cover tuition & fees ____ cover tuition & fees + \$ _____ net refund after loan fees

____ maximum I am eligible to receive ____ Other amount \$ _____ gross net (check one)

I wish to apply for or will accept loans from the following sources:

____ Detroit Mercy Renewable Scholarship ____ Federal Stafford Loan

____ Federal Graduate PLUS loan ____ Alternative Loan (apply through private lender)

____ Federal Work Study (if funds become available) ____ Employee or Vendor Discount**

____ Other (fill in source) _____

I expect to receive \$ _____ in funds from other sources (VA, outside scholarship, other dept.)

**Student (and parent, if applicable) must complete and submit the appropriate forms to HR or Law Financial Aid.

By my signature below, I am applying for and accepting aid as indicated above and authorize the Detroit Mercy Law Financial Aid Office to process student loans for me as requested above. I further understand that if I am not eligible for the full amount requested from the sources checked that my aid will be reduced to my remaining eligibility. I acknowledge that my aid may be cancelled in part or in full if I reduce my enrollment level, withdraw, am administratively withdrawn or do not meet Federal Satisfactory Academic Progress requirements at any point and that all funds paid to me may become immediately due and payable to the school and/or the federal loan program. Aid will not be processed until student is enrolled as indicated.

Signature of Student _____ Date _____