REQUEST FOR SUMMER SAVINGS REPLACEMENT

Do not mail this form to the Financial Aid Office. Call the office to schedule an appointment (609 258-3330) and bring the completed form with you to your appointment.

Name ___________________________________________  Class __________

I was unable to meet my summer savings expectation for the reason(s) listed below and request additional University aid to help cover the resulting shortfall in my resources.

Signature __________________________________________  Date __________

□ I worked but did not save the amount expected.  Total Earnings $__________

**Summer Expenses** (Do not include expenses your parents covered):

- Rent (if you lived away from home) $ __________
- Lunches (and other food if away from home) __________
- Transportation to and from job __________
- Other (Itemize)
  - __________________________________________________  __________
  - __________________________________________________  __________
  - __________________________________________________  __________

Total Expenses $__________

Savings (Total earnings less expenses) $__________

□ I did not work at a paid job. (Briefly describe your summer activities.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
OFFICE USE

Expected Savings    $______________ □ AAF received

(-) Actual Savings  $______________ □ VER documents checked

= Deficit            $______________ □ FWS Eligibility and earnings to date checked.
                     □ FM or other adjustments made if necessary.

Notes:                □ SSDEF grant amount recorded in packaging