



**Undergraduate Financial Aid**

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**Summer Savings Replacement Request  
2018–19 Academic Year**

**Student Information**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

PUID: \_\_\_\_\_

*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 total expenses)** \$ \_\_\_\_\_

**I did not work at a paid job** (briefly describe your summer activities).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE**

Expected Savings     \$ \_\_\_\_\_

(-) Actual Savings     \$ \_\_\_\_\_

= Deficit                 \$ \_\_\_\_\_

Notes:

- AAF received.
- VER documents checked.
- FWS Eligibility and earnings to date checked. FM or other adjustments made if necessary.
- SSDEF grant amount recorded in packaging.
- I-9 Form (completed/will complete).
- SHP aid request if enrolled.