



**OXY FINANCIAL AID  
SUMMER  
APPLICATION  
2011-2012**

STUDENT'S NAME: \_\_\_\_\_

OXY ID: \_\_\_\_\_  
(New Students Leave Blank)

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041  
323.259.2548 ~ 323.341.4961 (fax) ~ [finaid@oxy.edu](mailto:finaid@oxy.edu) ~ [www.oxy.edu/finaid](http://www.oxy.edu/finaid)*

Financial Aid for attendance in one or more of Occidental's 2012 Summer Sessions is limited to Federal Direct Subsidized/Unsubsidized Loans. To apply for these programs, submit this form to the Financial Aid Office **NO LATER THAN April 19, 2012**. Undergraduate students **MUST BE** enrolled in at least 6 units and graduate students enrolled in at least 5 units to be eligible for these loans. Please remember that you must also complete a 2011-2012 FAFSA.

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Year in school during 2011-2012:  Soph.  Jr.  Sr.  Grad

Session I Course(s)*:	# Units	Session II Course(s)*:	# Units
_____	_____	_____	_____
_____	_____	_____	_____

**Where will you be living during the 2012 Summer Session?**

On-Campus       Off-Campus       with Parents/Relatives

Did you file a 2010 tax return?       Yes       No

Expected Graduation Date \_\_\_\_\_ Financial Aid requested: \$ \_\_\_\_\_

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**\*NOTE:** Your budget and financial need will be determined based upon the number of units in which you are enrolled. Please be aware that it is your responsibility to inform the Financial Aid Office of changes in your enrollment. Your aid may change with changes in enrollment.

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***Anticipated Expenses and Special Circumstances:***

Explain your anticipated expenses and resources to arrive at the amount of financial aid requested. Also, please explain any special circumstances not listed on the FAFSA that you believe should be considered in our review of your application for financial aid.

**CERTIFICATION**

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I also authorize Occidental College to share appropriate information to outside agencies and other institutional offices to assist in maximizing eligibility for financial assistance. I agree to notify the Financial Aid Office of the receipt of other outside scholarships or resources not listed on this form. I understand that false statements or misrepresentations will be a cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_