

Taylor Opportunity Program for Students (TOPS)

2011 SUMMER SESSION PAYMENT REQUEST AND ACKNOWLEDGMENT FORM

Instructions: Fill in all blanks in this form (type or use blue or black ink). Sign your full name (first, middle and last names) and date this form using blue or black ink. Make a copy of the completed form for your files and **give the original of the completed form to the Financial Aid Office** at the college or university you will attend a summer session during 2011.

I hereby request payment of my TOPS Award for the 2011 summer session/term and I hereby certify:

My name is _____.
(Print Your Full Name)

My Social Security Number is XXX-XX-_____.
(Last 4 numbers only)

I was enrolled for the 2011 Spring Semester or Term at: _____ in _____.
(Name of Louisiana College or University) (City)

I will enroll for the 2011 Summer Session at: _____ in _____.
(Name of Louisiana College or University) (City)

I understand that to be eligible for a TOPS payment for a 2011 summer session/term:

1. I must have earned at least 60 college credit hours before the 2011 summer session/term begins.
2. I must enroll full-time in the 2011 summer session/term to be eligible for a TOPS payment.

I understand that if a TOPS payment is made on my behalf for the 2011 summer session/term:

1. My remaining TOPS eligibility will be reduced by one semester/term.
2. I cannot use any hours I earn during the 2011 summer session to meet the TOPS 24-hour annual requirement.

I understand that my TOPS cumulative grade point average will include all grades I earn during the summer session.

(Sign Your Full Name)

Date