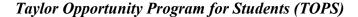


Louisiana Office of Student Financial Assistance PO Box 91202 Baton Rouge, LA 70821-9202 (225) 219-1012

Website: www.osfa.la.gov
E-Mail: custserv@la.gov





2019 SUMMER SESSION PAYMENT REQUEST AND ACKNOWLEDGMENT FORM INSTRUCTIONS: PLEASE COMPLETE AND SUBMIT THIS FORM TO YOUR COLLEGE FINANCIAL AID OFFICE.

I hereby request payment of my TOPS Award for	r the 2019 summe	r session/term and I hereby certify:
My name is	My LOSFA	ID Number is:
(Print Your Full Name)		
I was enrolled for the 2019 Spring Semester or To		ion of Louisiana College or University)
I will enroll for the 2019 Summer Session at:	(Name and Location of Louisiana	a College or University)
I understand that to be eligible for a TOPS payme	ent for a 2019 sum	nmer session/term:
1. I must have earned at least 60 college cred	dit hours before th	ne 2019 summer session/term begins.
2. I must enroll full-time in the 2019 summe	er session/term to	be eligible for a TOPS payment.
I understand that if a TOPS payment is made on a	my behalf for the	2019 summer session/term:
1. My remaining TOPS eligibility will be re-	duced by one sem	nester/term.
2. I can use any hours I earn during the requirement.	2019 summer se	ession to meet the TOPS 24-hour annual
I understand that my TOPS cumulative grade possession, including failing grades.	int average will in	nclude all grades I earn during the summer
(Sign Your Full Name)		 Date