



Roger Williams University
SCHOOL OF LAW

Application for Summer Financial Aid
For
Law or Graduate Students 2017-18 Academic Year

1. Name_____ SS#_____

Address_____

Phone_____.

2. I am a Law/Graduate student requesting an increase in my Cost of Attendance to cover the cost of a summer class (es). I have registered _____credits. I understand that I will not be packaged for wait-listed classes.

3. I understand that if I fail to register for class or decide not to participate in the program indicated, my funds will be refunded to my lender. If I withdraw after having received a refund, my funds will be refunded to the lender and I will owe the school for the amount I have received plus any other charges. Refunds will only be available following the summer add-drop date.

4. Attach a copy of your summer Registration

I further certify that that all information on this form is true and complete to the best of my knowledge. I understand information provided on this form requiring correction my result in changes to my final award.

SIGNATURE_____ DATE_____