

**Summer 2014 Federal Pell Grant  
Front End Request Form**

**OFFICE USE ONLY**

Collection date \_\_\_\_\_  
In-person (initial) \_\_\_\_\_  
Fax/Email (initial) \_\_\_\_\_  
Mail (initial) \_\_\_\_\_

Students, who wish to receive a summer 2014 Pell award, derived from the 2014-2015 award year, will have to reallocate their future spring 2015 award in order to have it applied against their summer 2014 bill.



(Check) if you have filed a 2014-2015 FAFSA application. If not, please submit this form once you have completed this step.

**A. STUDENT INFORMATION**

Last name _____	First name _____	M.I. _____	Social security number _____
Address (include apt. #) _____			CUNYfirst ID # _____
City _____	State _____	ZIP _____	Date of Birth _____
Email _____			Phone number (include area code) _____

**B. SUMMER PELL FRONT END REQUEST OPTIONS (PLEASE CHECK ONE)**



**GRADUATING BY FALL 2014:** I am registered for the summer 2014 session(s) and will be graduating before the spring 2015 semester. I would like to use my spring 2015 Pell grant towards payment of the bill for summer 2014 session(s).

**Please attach an expected graduation date letter, which can be obtained from the Enrollment Services Center – Registrar's counter. Please note that failure to graduate as indicated will not restore the reduction made by this decision to your spring 2015 Pell award.**



**NOT GRADUATING BY FALL 2014:** I am registered for the summer 2014 session(s) and wish to use all or a portion of my spring 2015 Pell grant to pay towards my summer bill. I understand that my decision to do so will result in an irreversible reduction of my spring 2015 Pell grant award.

**B. CERTIFICATION AND SIGNATURE(S)**

**I understand that by signing this document my federal Pell grant for spring 2015 will be subject to an irreversible reduction.**

_____	_____
Student's Signature (required)	Date

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Front End activation completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Financial Aid Signature  
Summer Enrollment Status \_\_\_\_\_ Spring 2015 reduction \_\_\_\_\_ LEU \_\_\_\_\_ CPS Trans # \_\_\_\_\_ CPS Date: \_\_\_\_\_ EFC: \_\_\_\_\_