



LA ROCHE UNIVERSITY

SUMMER 2026 FINANCIAL AID APPLICATION

*** Required for Summer Financial Aid Assessment ***

Complete all items and return this form to the Financial Aid Office by **MARCH 31, 2026**. Forms submitted after this date may jeopardize your opportunity to receive certain grants, loans, and/or work-study funds.

Name: _____ SS# or ID: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Major: _____ Expected Grad. Date: _____

Student Status: ☐ Undergraduate ☐ Graduate

Enrollment Status: Indicate the number of credits you will register for the Summer 2025 term? _____

TYPES OF FINANCIAL AID

La Roche Merit Scholarships/Grants	** NOT AVAILABLE for Summer; tuition is <u>discounted</u>. **
Federal Pell Grant	2025-26 FAFSA required. Financial Aid Office will determine eligibility.
Federal SEOG	2025-26 FAFSA required. Financial Aid Office will determine eligibility.
PA State Grant	Students must complete a Summer state grant application at www.pheaa.org .
Federal Work-Study	2025-26 FAFSA required. Financial Aid Office determines eligibility. Students responsible for finding employment.
Subsidized Direct Loan	2025-26 FAFSA required. Financial Aid Office will determine eligibility.
Unsubsidized Direct Loan	2025-26 FAFSA required. Financial Aid Office will determine eligibility.
Federal Direct Parent PLUS Loan	PARENTS apply at studentaid.gov . Requires a Summer application.
Federal Direct Grad PLUS Loan	GRADUATE STUDENTS apply at studentaid.gov . Requires a Summer application. <i>* SUMMER AID APPLICATION NOT REQUIRED FOR ELMSN & DNAP STUDENTS *</i>
Private Alternative Loan	Students can apply for this loan through any lender. Lender list available at http://www.laroche.edu/Financial_Aid/Types_of_Aid/Loans/Private/ .

Housing Status during the Summer 2026 Session:

☐ **Commuter** (living with parents or relatives) ☐ **Resident** (living in a La Roche Residence Hall) ☐ **Off-Campus** Apartment/Home (signed copy of a lease is required for dependent students)

Other Resources:

If you expect to receive money for college from an agency, community organization, local business or your employer for the Summer 2026 term, please list it below:

Source: _____ Summer Amount: \$ _____

Certification:

I certify that I will report any changes that may have occurred with any of the information supplied on any financial form by submitting the changes, in writing, to the Financial Aid Office at La Roche University. I understand that any changes may result in the adjustment of my financial aid. I understand that I must be making satisfactory academic progress in order to qualify for Federal Title IV and state aid. I certify that all the information provided on this form is accurate as of the date it is signed.

Signature: _____ Date: _____

Return to: La Roche University | Financial Aid Office | 9000 Babcock Boulevard | Pittsburgh PA 15237
Phone: 412-536-1125 | Fax: 412-536-1072