

Lehigh Silicon Valley Program Financial Aid Application

Student Name:	LIN:
Please indicate the semester in which you intend to	participate in the Silicon Valley Program:
☐ Winter 20	Summer 20
	epayable loan to help cover costs related to the Silicon Valley the Silicon Valley Program, the Free Application for Federal nust be completed and on file. You should also meet
If you no longer plan to participate in the program, plea immediately so that we can update your loan eligibility	se email us at financialaid@lehigh.edu with these changes accordingly.
discuss reasonable undergraduate loan borrowing):	y schedule an appointment with your financial aid counselor to Parent PLUS Loan** Private Alternative Loan**
·	forth by the Federal government. If you have already borrowed the
**Parent PLUS Loans and Private Alternative Loans must be a Eligibility is based on parent and/or student credit score. Visi	pplied for by the parent (PLUS) or the student (private alternative loan tour website for more information.
·	the total cost of the program, which can include the tuition aresting a loan to cover the cost of your flight, attach documentation fare.
Total Loan Amount Requested: \$	
List below any assistance that you expect to receive to (e.g. Department funding, Scholarships, Employer Reim	· ·
Source:	Amount: \$
Source:	Amount: \$

IMPORTANT INFORMATION

STUDENT'S SIGNATURE:

Please read the following points regarding funding options from the Office of Financial Aid for the Silicon Valley program.

1.	Eligibility is based on financial need and the availability of funds.	
2.	Applicants must satisfy the requirements for making "satisfactory academic progress" in order to be considered eligible for aid.	
3.	If you are offered a university loan for these expenses, you will be required to accept the offer on the portal and complete the necessary loan paperwork. Please indicate below whether you would like this hardcopy paperwork: I mailed to your campus mailbox I mailed to your home address I made available for pick-up in the Office of Financial Aid* (*if you don't indicate a preference, the paperwork will be held in the Office of Financial Aid for you.)	
I certify that all of the information provided is true and correct to the best of my knowledge.		

Please submit to Lehigh University's Office of Financial Aid Via LU FileSender at go.lehigh.edu/lufilesender, by mail or by fax (610)758-6211 You may also contact our office at (610)758-3181 or financialaid@lehigh.edu

Date: