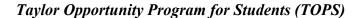


Louisiana Office of Student Financial Assistance PO Box 91202 Baton Rouge, LA 70821-9202 (225) 219-1012

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





## 2020 SUMMER SESSION PAYMENT REQUEST AND ACKNOWLEDGMENT FORM

## INSTRUCTIONS: PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT BY EMAIL TO YOUR COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE

| I hereby request payment of my TOPS Award for                                      | the 2020 summer session/term and                             | I hereby certify:      |
|--|--|------------------------|
| My name is   | My LOSFA ID Number is:                                       |                        |
| (Print Your Full Name)   |  |                        |
| I was enrolled for the 2020 Spring Semester or Te                                  | rm at:(Name and Location of Louisiana College or University) | _ in                   |
| I will enroll for the 2020 Summer Session at:                                      | (Name and Location of Louisiana College or University)       | _ in                   |
| I understand that to be eligible for a TOPS paymen                                 | nt for a 2020 summer session/term:                           | :                      |
| 1. I must have earned at least 60 college cred                                     | it hours before the 2020 summer se                           | ession/term begins.    |
| 2. I must enroll full-time in the 2020 summer                                      | session/term to be eligible for a To                         | OPS payment.           |
| I understand that if a TOPS payment is made on m                                   | ny behalf for the 2020 summer sess                           | sion/term:             |
| 1. My remaining TOPS eligibility will be red                                       | uced by one semester/term.                                   |                        |
| 2. I can use any hours I earn during the 2 requirement.                            | 2020 summer session to meet the                              | e TOPS 24-hour annua   |
| I understand that my TOPS cumulative grade poir session, including failing grades. | nt average will include all grades I                         | earn during the summer |
|  |  |                        |
| (Sign Your Full Name)  |  | Date                   |