



Louisiana Office of Student Financial Assistance  
 PO Box 91202  
 Baton Rouge, LA 70821-9202  
 (225) 219-1012  
 Website: [www.mylosfa.la.gov](http://www.mylosfa.la.gov)  
 E-Mail: [custserv@la.gov](mailto:custserv@la.gov)



*Taylor Opportunity Program for Students (TOPS)*

## 2021 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 2021 summer session/term and I hereby certify:

My name is \_\_\_\_\_ . My LOSFA ID Number is: \_\_\_\_\_  
(Print Your Full Name)

I was enrolled for the 2021 Spring Semester or Term at: \_\_\_\_\_ in \_\_\_\_\_  
(Name and Location of Louisiana College or University) (Number of College Hours)

I will enroll for the 2021 Summer Session at: \_\_\_\_\_ in \_\_\_\_\_  
(Name and Location of Louisiana College or University) (Number of College Hours)

I understand that to be eligible for a TOPS payment for a 2021 summer session/term:

1. I must have earned at least 60 college credit hours before the 2021 summer session/term begins.
2. I must enroll full-time in the 2021 summer session/term to be eligible for a TOPS payment.

If a TOPS payment is made on my behalf for the 2021 summer session/term, I understand:

1. That the hours which will count towards the 60 college credit hours include credits earned prior to enrollment in college as a first time, full time student, including dual enrollment, CLEP, and AP credits.
2. That dual enrollment, CLEP, and AP credits do NOT count when determining whether I have earned 24 hours during the academic year.
3. That I can use any hours I earn during the 2021 summer session to meet the TOPS 24-hour annual requirement.
4. That my remaining TOPS eligibility will be reduced by one semester/term.
5. That my TOPS cumulative grade point average will include all grades I earn during the summer session, including failing grades.

\_\_\_\_\_  
(Sign Your Full Name)

\_\_\_\_\_  
Date

**REMINDER: THIS FORM MUST BE SUBMITTED TO YOUR COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE**