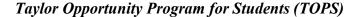


Louisiana Office of Student Financial Assistance PO Box 91202 Baton Rouge, LA 70821-9202 (225) 219-1012

Website: <a href="www.mylosfa.la.gov">www.mylosfa.la.gov</a>
E-Mail: <a href="custserv@la.gov">custserv@la.gov</a>





## 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)	Niy Eosi / ID Numoer is
I was enrolled for the 2020 Spring Semester or Te	(Name and Location of Louisiana College or University)
I will enroll for the 2020 Summer Session at:	(Name and Location of Louisiana College or University)
I understand that to be eligible for a TOPS payment.  1. I must have earned at least 60 college cred.	nt for a 2020 summer session/term:  lit hours before the 2020 summer session/term begins.
_	r session/term to be eligible for a TOPS payment.
I understand that if a TOPS payment is made on m	ny behalf for the 2020 summer session/term:
1. My remaining TOPS eligibility will be red	luced by one semester/term.
2. I can use any hours I earn during the 2 requirement.	2020 summer session to meet the TOPS 24-hour annua
I understand that my TOPS cumulative grade point session, including failing grades.	nt average will include all grades I earn during the summer
(Sign Your Full Name)	Date