

**FORM SUMMER - IDAHO STATE UNIVERSITY  
SUPPLEMENT FOR FEDERAL/STATE FINANCIAL  
ASSISTANCE - SUMMER SESSION 2026**

25-26

**SUMMER-26**

**INSTRUCTIONS:** Please answer all questions along with all appropriate sections and sign at the bottom. Then return this completed supplement to:

Office of Financial Aid, Idaho State University  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755

University Place, Bennion Student Union  
1784 Science Center, Idaho Falls, ID 83402  
Phone: (208)282-7704

Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)

Scan & Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)

**SECTION A: STUDENT INFORMATION**

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find on [MyISU](http://MyISU)) \*Required

Address: \_\_\_\_\_  
Street City State Zip

Are you an Academic or College of Technology Student?  Academic  College of Technology

What is your current Major? \_\_\_\_\_ Bengal Bridge: Yes / No

**ALL STUDENTS MUST REGISTER** for summer session class(es) prior to submitting this form. We will determine your summer session eligibility for financial assistance based on your schedule. We will not determine an award unless you are registered for summer classes. **If you change the number of credit hours and/or the beginning or ending date of your classes, please contact our office as your eligibility may change.**

Your expected enrollment status for summer session 2026 will be used to determine your eligibility for federal assistance. **All programs except Pell Grant require enrollment in at least six (6) credit hours for undergraduate students or five (5) credit hours for graduate students (note: Graduate students are not eligible for Pell Grant).** Please note: The period of enrollment for Summer 2026 Pell eligibility must be at least four (4) consecutive weeks.

**SECTION B: OTHER FINANCIAL ASSISTANCE**

Please indicate below any other financial assistance you expect to receive during Summer Session 2026:

1. Workforce Investment Act(WIA) \$ \_\_\_\_\_
2. Scholarships: Types and Amounts (including ISU)  
a) \_\_\_\_\_ \$ \_\_\_\_\_ b) \_\_\_\_\_ \$ \_\_\_\_\_
3. Vocational Rehabilitation \$ \_\_\_\_\_
4. Assistantship/Fellowship \$ \_\_\_\_\_
5. Employee Fee Waiver \$ \_\_\_\_\_
6. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**If there are any changes to information you have provided, please notify the Office of Financial Aid in writing.**

**SECTION C: APPLICANT=S CERTIFICATION**

My signature on this form certifies that all of the information reported is complete and correct. If asked by an authorized individual, I agree to provide proof of the information I have given on this form. I also realize that if I do not provide proof, when asked, I may not receive financial aid.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Typed Signature not accepted***