

Norman Topping Student Aid Fund
2010 Summer Tuition: Special Circumstance Application
Deadline: March 26, 2010 by 5pm

Section A – Student Information

Name: _____ Student ID #: _____

Current Address: _____
Street Address

_____ City State Zip Code

Phone: _____ E-mail: _____

Cell: _____

Class level: Freshman Current Cumulative GPA: _____

Sophomore

Junior Major(s): _____

Senior

Graduate Minor(s): _____

Section B – Funding Request Details

Please list the course number and title for which you are requesting funding (Ex. *POSC 220g: Critical Issues in American Politics*): _____

Total number of summer tuition units requested (4 units max): _____

The above course will fulfill: Major Minor General Requirements

Section C – Statement

In a typed 2-3 page statement, please explain your special circumstance and how summer tuition will benefit you. Describe in detail your academic goals, reason for requesting summer funding, and how this funding will support your goals. Discuss the importance of this course(s) in relation to your academic progress at USC and why the Executive Committee of the Governing Board should consider your request.

Section D –Advisor Academic Certification

Advisor’s Name: _____

Phone: _____

Department: _____

E-mail: _____

*****Please note that the application must include a completed Advisor Academic Certification Form from your academic advisor that supports your statement. Incomplete applications will not be accepted.**

Have you previously been approved for Sumer Tuition funding from the NTSAF?

If so, when: Summer 20_____

Signature of Applicant

Date

For Office Use Only:

Date received: _____ Date reviewed: _____ Payment Processed: _____

Has the Scholar been previously approved for Summer Tuition funding? Yes No

If yes, list the attempted Summer Session date: _____

Approved Not Approved

GB Chair Signature: _____

Asst. Director Signature: _____

Comments: _____

Advisor Academic Certification

Academic Advisor: This USC Topping Scholar is requesting tuition assistance from the Norman Topping Student Aid Fund through the Exceptional Funding program for the summer semester. To ensure their application is considered, please complete this form and return it in a sealed envelope to the student whose name appears below. This form will certify that the student's request for funding is based on valid academic reasons and meets the purposes of our program as specified in their statement.

Section A – Student Information

Name: _____ ID #: _____

Section B – Academic Verification

Student's current major(s) and degree objective:

Student's anticipated graduation date: _____

Total number of units needed for this degree objective: _____

Is the course requested relevant toward her/his degree objective? Yes No

If no, please explain:

Section C – Advisor's Comments

Please include any observations or recommendations regarding the student's progress you feel would be beneficial to the selection committee.

Section D – Advisor's Signature

Advisor

Date

*****Please note the purpose of the Exceptional Funding Policy for Summer Tuition: Special Circumstance is to provide scholars with the opportunity to graduate within the allotted scholarship terms at the University.**