**Request for Tuition Waiver for Summer Experiences  
for Extreme Financial Circumstances**

The Summer Experience Incentive Program provides reduced tuition for students who wish to enroll in individual, high-quality, experiential learning opportunities during the summer. The reduced $400 tuition amount will be awarded to all students who develop an appropriate internship or project and complete the needed paperwork on time.

The College recognizes, however, that some students experience extreme financial hardships and may be unable to pay even this fee. Typically, such a student would be doing an unpaid internship or project, often be Pell-eligible, perhaps experiencing a change in family circumstances such as a parent who has lost a job, or similar challenges. We want all students, regardless of financial need, to be able to participate in internships and summer projects. If you feel that your circumstances are similar to those described, please complete the information below. The Financial Aid Office will assist in evaluating the need and information will be only be shared as needed to assess the request.

Submit this request to Mrs. Susan Rambo, Dean’s Office, Suite 110 Administration Building, when you submit your separate Summer Experience Incentive Application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RCID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which are you planning? □ Internship □ Research, Scholarly or Creative Project

Where will you be during your summer experience?

□ In the Roanoke/Salem Area □ Elsewhere (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you being paid for your summer experience?

□ No Pay □ Stipend Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Hourly Pay and Total Hours Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you living this summer?

□ On Campus □ Off-Campus □ With Family

Please describe your financial circumstances to help us understand your need:

**For Office Use Only:** EFC \_\_\_\_\_\_\_\_ Approved □ Declined □ Student Notified □ Processed □

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
Assistant Vice President for Curriculum and Advising Date Assistant Vice President for Academic Operations Date