



Louisiana Office of Student Financial Assistance
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Taylor Opportunity Program for Students (TOPS)

2017 SUMMER SESSION PAYMENT REQUEST AND ACKNOWLEDGMENT FORM
INSTRUCTIONS: PLEASE COMPLETE AND SUBMIT THIS FORM TO YOUR
UNIVERSITY FINANCIAL AID OFFICE.

I hereby request payment of my TOPS Award for the 2017 summer session/term and I hereby certify:

My name is _____ . My LOSFA ID _____ .
(Print Your Full Name)

I was enrolled for the 2017 Spring Semester or Term at: _____ in _____
(Name and Location of Louisiana College or University)

I will enroll for the 2017 Summer Session at: _____ in _____
(Name and Location of Louisiana College or University)

I understand that to be eligible for a TOPS payment for a 2017 summer session/term:

1. I must have earned at least 60 college credit hours before the 2017 summer session/term begins.
2. I must enroll full-time in the 2017 summer session/term to be eligible for a TOPS payment.

I understand that if a TOPS payment is made on my behalf for the 2017 summer session/term:

1. My remaining TOPS eligibility will be reduced by one semester/term.
2. I can use any hours I earn during the 2017 summer session to meet the TOPS 24-hour annual requirement.

I understand 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