



# Tuskegee University

MARGARET MURRAY WASHINGTON HALL  
TUSKEGEE, AL 36088

## Summer 2026 Financial Aid Application

**VETERINARY MEDICINE DEADLINE APRIL 3, 2026**

Email([finaid@tuskegee.edu](mailto:finaid@tuskegee.edu))

**Please Print All Information**

Student Name: \_\_\_\_\_ TU ID # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Personal E-Mail \_\_\_\_\_ Tuskegee E-Mail \_\_\_\_\_

PLEASE PRINT

Major \_\_\_\_\_ Classification \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Do you desire a Direct Loan if eligible? Yes ( ) No \_

A 2025-2026 FAFSA application must be on file to be considered for Summer Financial Aid. Applicants must demonstrate Satisfactory Academic Progress on the deadline date to be awarded in a timely manner.

**PRIVATE AND DIRECT LOANS ARE AVAILABLE.**

Were you enrolled during: **Fall 2025**  **Spring 2026**  **Both**

**NOTE: Please ensure that all required documents are submitted to the Tuskegee University Office of Student Financial Services, as your financial aid will not be processed until your file is complete. Forms are available online at the Tuskegee University website. Note that submission of this application does not guarantee the allocation of funds unless you are deemed eligible.**

### STATEMENT OF APPLICANT

I understand that the Tuskegee University, Office of Student Financial Services reserves the right to cancel or revise any financial award, including possible repayment of aid for reasons that include, but are not limited to failure to maintain satisfactory academic progress, changes in enrollment status, housing status, financial resources, default on Title IV loans or owing refunds on Title IV grants. I will comply with all federal, state and institutional policies, procedures and regulations as they pertain to the student financial aid programs that I may receive from Tuskegee University. Furthermore, I give permission for my Title IV program funds to be credited to my Tuskegee University student account to pay all allowable institutional and cost of attendance charges.

I understand that I make this statement voluntarily and I have the right to rescind this request.



Date

Signature of Applicant

Printed Name