

## **Award Acceptance**

## **Complete & return this form to Financial Aid Office**

88 Commercial Street • Manchester, NH 03101 • 603-641-4189 Fax: 603-641-4125 Email: unhm.fa@unh.edu

Name			_ Student ID #
Last	First	M	
All items below must be completed and this form should be signed and returned to the Financial Aid Office to validate acceptance of aid.			
<b>Enrollment Status</b> Will you be enrolled full-time (at least 12 credits) both semesters? □ Yes □ No			
IF NO, Indicate the number of CREDITS for: Summer: Fall: Spring:			
If you will be graduating during the academic year, please indicate which semester:			
Aid Acceptance  ☐ I accept ALL aid as offered ☐ I do not wish to accept ANY portion of this aid  OR check "accept" or "decline" after each award as appropriate			
Award Name	<u>Accept</u>	<u>Decline</u>	Accept Portion
Grant/Scholarship			
Subsidized Stafford Loan Unsubsidized Stafford Loan			 
Academic Year Work Study			<u> </u>
Summer Work Study			
<b>Certification</b> (Please check to certify that you have read and understand the following.)			
I certify that:			
I shall inform the Financial Aid Office of any assistance I receive that is not included in the offered financial aid award. I understand that the receipt of any additional assistance/resource may result in the reduction of this award.			
☐ I agree to provide any additional material that may be required to verify and/or update the			
information on my application.			
☐ I understand that any change to my enrollment status may affect my financial aid. It is my responsibility to be aware of the school's drop policy, understand how that policy affects student			
billing and financial aid, and to consult the Financial Aid Office before making adjustments to my enrollment status.			
Signature			
Name	Date		