University of New Hampshire at Manchester

Award Acceptance

Complete & return this form to Financial Aid Office
88 Commercial Street • Manchester, NH 03101 • 603-641-4189

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.

Enrollment Status

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	Accept	Decline	Accept Portion
Grant/Scholarship	❑	❑	
Perkins Loan	❑	❑	❑ _____
Subsidized Stafford Loan	❑	❑	❑ _____
Unsubsidized Stafford Loan	❑	❑	❑ _____
Academic Year Work Study	❑	❑	
Summer Work Study	❑	❑	

Certification *(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_____