

## Office of Student Financial Aid 1972 Clark Ave., Alliance, OH 44601

phone: (330) 823-2674 toll free: (877) 543-9185 fax: (330) 829-2814

email: finaid@mountunion.edu

## **Federal Award Form**

Return the completed form by <u>SEPTEMBER 1, 2018</u> to the Office of Student Financial Aid at the mailing address, email, or fax number above.

Student Name:		ID Number:	
Federal Awards			
Award:	Amount for year:	Accept/Decline	Semesters (check all that apply)
Direct Subsidized Loan			○ Summer
		O Decline*	◯ Fall
		Reduce amount to \$	Spring
Direct Unsubsidized Loan		Accept	Summer
		O Decline*	◯ Fall
		Reduce amount to \$	Spring
Federal Work Study		Accept	Summer
·		O Decline*	◯ Fall
		Reduce amount to \$	Spring
Additional Requiren Read and initial each lineI understand that before loan funds completed at stu	can reinstate your Federal Dir nents for New Borro I must sign a Master Pro s can be processed or dis dentloans.gov.	omissory Note and fulfill the Loan sbursed (if I have not already done	Entrance Counseling requirement
		s, please visit studentaid.ed.gov/s	· · · · · · · · · · · · · · · · · · ·
		ubmit the required documentation tation has been completed.	on by <b>SEPTEMBER 1, 2018</b> .
and that proceed	s from this loan will be uust be repaid, with inter	used accordingly. I also understan	ending the University of Mount Union d that all student loans that I may erest on some of my loan funds even
Borrower Name:			Date: