



# Indiana University of Pennsylvania

## STUDENT FINANCIAL AID RESPONSE FORM

**\*\*Please complete and return only if you have a response to any of the information below\*\***

NAME (Please print) \_\_\_\_\_ STUDENT ID \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### SCHOLARSHIP INFORMATION

If you anticipate receiving any scholarships for the 2018-19 academic year which are not currently included in your financial aid award package, please complete the information below and return to the Financial Aid Office. If you are receiving more than three scholarships, please attach a separate listing.

**Do not include the Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), the Pennsylvania State Grant (PHEAA), Federal Direct Loan, or Perkins Loan.**

Scholarship name: \_\_\_\_\_  
Scholarship amount for 2018-19: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_  
Is this scholarship being offered to you by IUP? \_\_\_\_ yes \_\_\_\_ no

Scholarship name: \_\_\_\_\_  
Scholarship amount for 2018-19: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_  
Is this scholarship being offered to you by IUP? \_\_\_\_ yes \_\_\_\_ no

Scholarship name: \_\_\_\_\_  
Scholarship amount for 2018-19: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_  
Is this scholarship being offered to you by IUP? \_\_\_\_ yes \_\_\_\_ no

### FINANCIAL AID ADJUSTMENT REQUEST

If you would like to **cancel** or **reduce** a loan or federal work study award that was listed on your award letter, please indicate below (full year adjustments only) and return this form to the Financial Aid Office.

Federal Direct Loan (Sub): \_\_\_\_ Cancel for full year **OR** \_\_\_\_ Reduce to \$ \_\_\_\_\_ for full year  
Federal Direct Loan (Unsub): \_\_\_\_ Cancel for full year **OR** \_\_\_\_ Reduce to \$ \_\_\_\_\_ for full year

Federal Perkins Loan: \_\_\_\_ Cancel for full year **OR** \_\_\_\_ Reduce to \$ \_\_\_\_\_ for full year

Federal Work-Study: \_\_\_\_ Cancel for full year **OR** \_\_\_\_ Reduce to \$ \_\_\_\_\_ for full year

### WILL NOT ATTEND IUP

If you have chosen **NOT** to attend IUP for the 2018-19 academic year, check here and return this form to the Financial Aid Office at IUP and we will cancel your financial aid at IUP.

\_\_\_\_\_ I will **NOT** attend IUP in 2018-19.

### EDUCATION BENEFITS

If either of your parents are employed by IUP, check here and return this form to the Financial Aid Office.

\_\_\_\_\_ Yes, I have a parent employed by IUP.

Do you or your parents receive any education benefits that will be paid directly to your student account? If so, please indicate the amount: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO:** Financial Aid Office, Indiana University of Pennsylvania,  
200 Clark Hall, 1090 South Drive, Indiana, PA 15705  
724.357.2218 (phone) 724.357.2094 (fax) financial-aid@iup.edu