FINANCIAL AID ADJUSTMENT 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_____ ***ACADEMIC YEAR*** _____

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). Until September, you can also make this adjustment online, by accessing your financial aid award letter in MyIUP. If you prefer, you can use your IUP email to send your adjustment request to financial-aid@iup.edu.*

Federal Direct Loan (Unsub): _____Cancel for full year **OR** _____Reduce to $_____ for full year

Federal Direct Loan (Sub): _____Cancel for full year **OR** _____Reduce to $_____ for full year

Federal Work-Study: _____Cancel for full year **OR** _____Reduce to $_____ for full year

Private Loan
Lender: _____Cancel for full year **OR** _____Reduce to $_____ for full year

SCHOLARSHIP INFORMATION

If you anticipate receiving any scholarships for the academic year which are not currently included in your financial aid award package, please complete the information below. 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: Fall $ _____ *Spring $* _____
Is this scholarship being offered to you by IUP? _____ *yes* _____ *no*

Scholarship name: _____
Scholarship amount: Fall $ _____ *Spring $* _____
Is this scholarship being offered to you by IUP? _____ *yes* _____ *no*

Scholarship name: _____
Scholarship amount: Fall $ _____ *Spring $* _____
Is this scholarship being offered to you by IUP? _____ *yes* _____ ***no***_____

WILL NOT ATTEND IUP

*If you have chosen **NOT** to attend IUP, check below and Financial Aid staff will cancel your aid awards.*

_____ *I will **NOT** attend IUP for the Fall/Spring academic year*_____.

EDUCATION BENEFITS

If either of your parents are employed by IUP, check here.

_____*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 source and amount:

Source: _____ *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