

CHANGE TO AWARD

West Virginia State University Office of Student Financial Assistance
PO Box 1000, Ferrell Hall Room 125, Institute, WV 25112

The Office of Student Financial Assistance's Policy is a **ONE TIME** change to an electronic award per year.

SECTION I: Award Acceptance for Aid Year _____ (ex. 2018-2019)

- I accept all awards as offered.
- I have been awarded a Perkins Loan, a Stafford Student Loan or a Parent Plus Loan. I would like to accept less than the full amount offered. **Please indicate full year amounts. TO DECLINE A LOAN USE \$0.**

\$ _____ \$ _____ \$ _____ \$ _____
Subsidized Loan Amount Unsubsidized Loan Amount Parent Loan Amount Perkins Loan Amount

- I decline all financial aid awarded to me.
- I decline only the following award(s): _____

ADDITIONAL COMMENTS: _____

SECTION II: Additional Information

Enrollment Each Semester:

(Check one block for each semester.)

- | <u>FALL</u> | <u>SPRING</u> | <u>SUMMER</u> | <u>HRS</u> |
|--|--|--|--------------|
| <input type="checkbox"/> full time | <input type="checkbox"/> full time | xxxxxxxxx | (12 + HOURS) |
| <input type="checkbox"/> part time | <input type="checkbox"/> part time | <input type="checkbox"/> part time | (6-11 HOURS) |
| <input type="checkbox"/> less than 1/2 | <input type="checkbox"/> less than 1/2 | <input type="checkbox"/> less than 1/2 | (1-5 HOURS) |
| <input type="checkbox"/> not enrolled | <input type="checkbox"/> not enrolled | <input type="checkbox"/> not enrolled | (0 HOURS) |

Dependent Care Expenses: I need to request additional dependent care expenses. Must be an independent student to request this budget addition. **Must supply current paid receipt or billing statement from daycare.** *Additional funds will come from student loan programs.* () YES () NO

Computer Expense: I need to request the ONE-TIME Computer Expense.
Must supply current paid receipt for purchase or copy of finance agreement. No RTO agreements. *Monies will come from student loan funds if eligible.* () YES () NO

Single Room:

I am on-campus, in a single room and require a budget adjustment for the expense. () YES () NO

My signature below indicates that I have supplied complete and correct information on changes to my award, gives my consent for corrections to my SAR, authorizes West Virginia State to credit my student account with funds from my award letter to cover my charges for the appropriate term, and indicates my understanding and agreement of the conditions of my award as outlined in the Conditions of Award.

Student Signature

DATE

Student ID Number