



LA ROCHE COLLEGE

Financial Aid Reply Form 2009 - 10

All students who have received an award letter from the Financial Aid Office **MUST** complete this form. If you have any questions or need assistance in completing this form, contact the Financial Aid Office at 412-536-1125. **This form must be submitted within two weeks from receipt of an award letter.**

Student Information

Last Name: _____ First Name: _____ ID or SS#: _____

Accept/Decline Aid – Check all that apply.

If included in my award letter,	I accept	I decline
Federal Work-Study	<input type="checkbox"/>	<input type="checkbox"/>
Federal Perkins Loan	<input type="checkbox"/>	<input type="checkbox"/>

Reducing/Cancelling Approved Loans

	Reduce From	To		
Stafford Subsidized Loan	\$ _____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
Stafford Unsubsidized Loan	\$ _____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
Parent PLUS Loan	\$ _____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
Alternative Loan	\$ _____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring

Housing Status

What is your expected housing status for the 2009-10 academic year?

Fall 2009	<input type="checkbox"/> Dormitory	<input type="checkbox"/> Commute from Parents' Home	<input type="checkbox"/> Off – Campus*
Spring 2010	<input type="checkbox"/> Dormitory	<input type="checkbox"/> Commute from Parents' Home	<input type="checkbox"/> Off – Campus*

***Dependent students must provide a copy of a signed lease to verify off-campus housing to the Financial Aid Office and will be processed as “commuter” students until a lease is provided.**

Other Aid

Report any other financial aid that does not appear on your Award Letter, including but not limited to Employer Reimbursement, private scholarships, OVR, NEED, etc

Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____
Type: _____	Amount: \$ _____

I certify that all information provided is accurate and complete. I will notify the Financial Aid Office of any changes in my status including but not limited to enrollment, housing and other aid received. I understand that any other aid that I receive that was not previously reported may affect my financial aid package.

Student Signature: _____ Date: _____

Return to: La Roche College
Financial Aid Office
9000 Babcock Boulevard
Pittsburgh, PA 15237
Fax: 412-536-1072