



# Financial Aid Reply Form Graduate 2017-18

The Financial Aid Office will assume that all awards are **ACCEPTED** by the student, as listed on the award letter.

Students **MUST** complete this form **ONLY** if they are:

- **DECLINING OR REDUCING** Federal Direct loans;
- **DECLINING** Federal Work-Study;
- **RECEIVING** other types of aid that are not reflected on their award letter.

**IF YOU NEED TO MAKE A CHANGE TO YOUR AWARDS**, please return this form before the start of the semester to ensure your request is processed in a timely fashion. You may submit this form anytime during the semester if changes are needed.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID or SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Federal Direct Loans

Federal Direct Unsubsidized Loan    ☐ I decline    ☐ Reduce to \$ \_\_\_\_\_ for year.

Federal Direct Grad PLUS Loan    ☐ I decline    ☐ Reduce to \$ \_\_\_\_\_ for year.

**Federal Work-Study** \*If listed on my award letter; if not listed, skip.

☐ I decline

## Other Aid

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

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 enrollment status and any other aid I receive. 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 Phone: 412-536-1125 Fax: 412-536-1072