



2022-23 Financial Aid Action Form

Federal Student Aid Programs

Student's Name _____

eNumber _____

I choose to **ACCEPT ONLY A PORTION** of awarded Federal Work Study and/or Direct Loans for the academic year. Note: Students who wish to accept the full amount may do so online via BlueNet

- In the spaces below, list the amount of your awarded loans and/or work study and the amount you choose to accept.

Students may only accept a lower amount than what was offered.

Financial Aid Type <small>Please see financial aid award notice.</small>	Amount Awarded	Amount Accepted	
		Full Year	Fall
Subsidized Direct Loan	\$	\$	\$
Unsubsidized Direct Loan	\$	\$	\$
Federal Work Study	\$	\$	\$

NEW BORROWERS MUST COMPLETE THE MPN AND ENTRANCE COUNSELING ONLINE VIA STUDENTLOANS.GOV

Note: Full Federal Work Study amounts are contingent on employment and earnings

Accept Decline Award Rights and Responsibilities

- I understand that I have rights and responsibilities as a recipient of financial aid and that I can access a full description of these rights and responsibilities as well as other consumer information on the Elmhurst University web site at <https://www.elmhurst.edu/about/policies-consumer-information/consumer-information/>.
- I understand that the University utilizes electronic notifications, authorizations and transactions to administer financial aid and that it is my responsibility to contact Student Financial Services if I wish to receive information in paper form.
- I will inform Student Financial Services if my expected enrollment, residency, grade level, or school/University changes or differs from what I originally reported.
- I understand that I must report any additional aid or resources not shown on my award immediately upon hearing of such assistance and that my aid may be adjusted as a result. I understand the University retains the right to correct any errors, make any necessary revisions, or decline to offer an award of financial assistance based upon the most current financial aid information available.

Cash Management Authorization

- I authorize Elmhurst University to credit the financial aid funds I have accepted, including Title IV assistance (Federal Pell, FSEOG, Direct Loans), against charges on my student billing account which may include charges other than tuition, fees, room, and board. These charges may include, but not be limited to, library fines, parking fines, room damage charges, and health services fees. I understand that this statement is valid indefinitely unless I rescind it through Student Financial Services. Cancellation of authorization can be made at any time in writing, but cancellations are not retroactive and will be applied to the student's record when a written request to cancel the authorization is received by Student Financial Services.

Release of Information Authorization

- I authorize Elmhurst University to release information on my academic activities and achievements to scholarship programs and designated donors for the purpose of allowing me to be considered for financial assistance. Elmhurst University also has the authority to inform a given donor that I am a recipient of funding from that donor.

Student's Signature _____

Date _____

Return Completed Form to the Office of Student Financial Services

Office of Student Financial Services

Elmhurst University
190 Prospect Ave
Elmhurst, IL 60126

(630) 617-3015 phone
(630) 617-3487 fax

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