

MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

Financial Aid Award Acceptance Form

Please return to the Financial Aid Office by July 31 to secure aid.

I have reviewed and understand my 2018-2019 financial aid award letter. I hereby acknowledge receipt of the financial aid offered and (check one):

- 1) I accept this award in full I accept this award in part as follows: I decline this award in full
(List only the awards you wish to DECLINE)

2) Enrollment Status for 2018-2019:

- I will be graduating in December 2018 I will be completing a co-op or cadet shipping FALL or SPRING
If checked, please circle: Sept-Dec Jan-May

- 3) Yes, please add MMA's medical insurance to **my financial aid budget**. (note: you must elect to purchase the insurance on your portal, checking this box does not sign you up for the insurance.)

4) By signing this document I acknowledge the following:

- I will complete my Direct Loan Entrance Counseling at www.studentloans.gov (if you have completed in previous year you DO NOT need to complete again)
- I will complete my Direct Loan Master Promissory note (MPN) at www.studentloans.gov (if you have completed in previous year you DO NOT need to complete again)
- I am required to report ALL outside scholarships to the Financial Aid Office, by sending a copy of the notification that I receive, as soon as I am notified. ****It is my responsibility to follow the instructions from the donor in order to obtain these funds. Please read it carefully.***
- I give permission for the Financial Aid Office to speak with my parent(s)/guardian regarding my award.
- I accept all future Revised Award Letters unless the Financial Aid Office is otherwise notified.
- In accepting this award, I understand that actual disbursement to my account will not occur until I submit this acceptance and complete all loan counseling and MPN forms.
- If I receive a MMA scholarship, I am required to write a Thank You letter to the donor. Failure to do so will result in the removal of the MMA scholarship.

Student's Name (print clearly)

Student's Signature

Date

Student's Social Security Number

____ - ____ - ____

PLEASE NOTE:

- Less than full-time enrollment each semester may result in a reduction or elimination of award(s).
- You must demonstrate satisfactory academic progress as outlined in MMA's on-line catalog.
- You must be enrolled in a degree program to be eligible for financial assistance.
- I authorize the Finance/Business Office to hold any credit balances on my account unless otherwise requested by me.
- MMA reserves the right to cancel this offer if the above are not met in a reasonable period of time.
- Your financial aid will remain incomplete until MMA receives this form.

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