# MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

### **Financial Aid Award Acceptance Form**

#### Recommend that this form be returned to the Financial Aid Office by August 11 to secure aid.

I have reviewed and understand my 2017-2018 financial aid award letter. I hereby acknowledge receipt of the financial aid offered and (check one):

1)  $\Box$  I accept this award in full

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

2) Enrollment Status for 2017-2018:

 $\Box$  I will be enrolled for both fall & spring semesters OR  $\Box$  I will be graduating in December 2017

3)  $\Box$  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 <u>www.studentloans.gov</u>( 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 <u>www.studentloans.gov</u> (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 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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