

# MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

## Financial Aid Award Acceptance Form

**Please return to the Financial Aid Office as soon as possible to secure aid.**

I have reviewed and understand my 2019-2020 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 2019-2020:

I will be graduating in December 2019:  YES  NO

3) If you would like MMA's medical insurance added to your financial aid budget, please email the financial aid office at [financialaid@mma.edu](mailto:financialaid@mma.edu) to make that request.

### 4) By signing this document I acknowledge the following:

- I will complete my Direct Loan Entrance Counseling at [www.studentloans.gov](http://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](http://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.**

**Please return to the Financial Aid Office as soon as possible to secure aid.**

MMA, Financial Aid Office, Castine, ME 04420

email: [financialaid@mma.edu](mailto:financialaid@mma.edu) phone: 207-326-2205/2339 fax: 207-326-2515