University of Pittsburgh at Johnstown
2014-2015 Financial Aid Acceptance Form

Please complete the entire form. Print clearly in ink. All students, who receive financial aid, must complete this form each year. Failure to return this form to the Financial Aid office may result in the cancellation or delay disbursement of your financial aid.

Section I: Student Information

Name: ____________________________________________________________________________

Student ID: ______________________________________________________________________

Last                      First                      M.I.                      Maiden

Home Phone: ( ) ____________________________  Cell Phone: ( ) ____________________________

Home Address: ________________________________________________________________

City: __________________________________________  State: ______  Zip: ______  E-mail: ______

Section II: Housing Status and Enrollment Information

Please indicate your intended housing status for both the fall and spring semesters.

* If you are living away from your parents in your own apartment or home, you must provide your off campus address below. If no address is provided, we will consider you to be a commuter.

Fall 2014
☐ University Housing
☐ Commuter (living with parent/relative)
☐ Off-Campus* (living in your own apartment/home)

Spring 2015
☐ University Housing
☐ Commuter (living with parent/relative)
☐ Off-Campus* (living in your own apartment/home)

Please indicate the intended number of credits you plan to enroll for each term. Assume three (3) credits per class if you do not know the exact number of credits you will carry. Please note that full-time status is equivalent to 12+ credits.

Fall 2014  ☐ 12+ credits  ☐ 6-11 credits  ☐ 5 or less credits  ☐ Not enrolled
Spring 2015  ☐ 12+ credits  ☐ 6-11 credits  ☐ 5 or less credits  ☐ Not enrolled

Expected graduation date:  ☐ December  ☐ April  ☐ June  ☐ August  Year ______________

Section III: Additional Funding

Are you a dependent or spouse of a University of Pittsburgh employee?  ☐ Yes  ☐ No
Are you a dependent or spouse of a UPMC employee?  ☐ Yes*  ☐ No
Does your employer reimburse all or a percentage of your tuition?  ☐ Yes*  ☐ No

*Please provide an estimated amount in the grid below.

If you are the recipient of a scholarship or grant from a source outside the University of Pittsburgh at Johnstown for the 2014-2015 academic year, please indicate the source and the amount below. This includes private scholarships, OVR, EAP, and tuition reimbursements from any employer. Attach an additional sheet, if necessary.

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<th>SOURCE</th>
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Section IV: Authorization for the Release of Financial Aid Information

By completing this authorization, you authorize Pitt-Johnstown’s Financial Aid Office to provide information regarding all aspects of your financial aid, except for information pertaining to your academic progress, to the individuals whom you list below, including your parents, your spouse or outside organizations. Please note that this is a precautionary measure taken to protect your privacy. This release will remain in effect until you revoke privileges in writing.

I, ____________________________________________, hereby authorize Pitt-Johnstown’s Financial Aid Office to provide information regarding my financial aid to the person, agency, or program listed below.

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<th>Name</th>
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Section V: Student Certification

Please choose one of the following options:

- [ ] I accept all the financial aid appearing on my award letter.
- [ ] I accept all the financial aid that I am eligible to receive except I do not want:
  ____________________________________________________________
- [ ] I do not wish to borrow the maximum Stafford Loan that I am eligible to receive. Please process my loan for $ ________________ /year.
- [ ] I decline my entire financial aid offer.
- [ ] I will not attend Pitt-Johnstown during the 2014-2015 academic year.

By signing below:

- I certify that all of the information provided on this financial aid acceptance form is true and complete to the best of my knowledge. If I purposely give false or misleading information, the Financial Aid Office has the right to cancel my financial aid or to file a complaint with the U.S. Department of Education’s Ombudsman or with Pitt-Johnstown’s Judicial Affairs Office.
- I attest that I will use my financial aid and/or any refund of my financial aid for my educational-related expenses.
- I understand that if my financial aid does not satisfy my balance due, I am responsible for the payment of the remaining debt.
- I am aware that I must immediately notify the Financial Aid Office in writing of both the source and the amount of any outside funding that I receive, and I understand that such awards may reduce my initial financial aid package.
- I acknowledge that the Financial Aid Office has the right, at any time, to reduce or to cancel awards for which I am no longer eligible to receive or to resolve awards in excess of need or the established cost of attendance.

Student’s signature: ____________________________________________ Date: ________________

Please note that all financial aid awards are based upon your and/or your parents’ 2013 income which was submitted on the FAFSA. If you or your family has experienced a reduction in income during 2014, please contact our staff for additional information by calling 814-269-7045 or 800-881-5544.

Please return this form to:

University of Pittsburgh at Johnstown
Financial Aid Office
450 Schoolhouse Road
114 Blackington Hall
Johnstown, PA 15904