

# ACCEPT / DECLINE FINANCIAL AID FUNDS 2023-2024

**Name:** \_\_\_\_\_ **SSN / ID:** \_\_\_\_\_

I am Currently a:  Freshman  Sophomore  Junior  Senior  Graduate

**Please mark “accept” or “decline” for each type of aid. Total amounts will be split evenly between semesters. For all accepted aid, write the amounts for each semester.**

TYPES OF AID	ACCEPT	DECLINE	FALL 2023	SPRING 2024	SUMMER 2024	TOTALS
FEDERAL DIRECT SUB. LOAN			\$	\$	\$	\$
FEDERAL DIRECT UNSUB. LOAN			\$	\$	\$	\$
FEDERAL DIRECT PARENT PLUS LOAN			\$	\$	\$	\$
FEDERAL / STATE WORK STUDY			\$	\$	\$	\$

*I wish to increase my loan amount due to a change in grade level.*

Please INITIAL the following statements to acknowledge that you have read and understand the following statements:

\_\_\_\_\_ I understand that I will not receive my loan proceeds in the form of a check or a State warrant unless my financial aid funds exceed the amount I owe the school for educational expenses, including bookstore charges.

\_\_\_\_\_ I understand that the Financial Aid Office will credit my student account with all ACCEPTED financial aid for the amount owed for educational charges, including bookstore charges, and that any credit balance will be available through the Business Office.

\_\_\_\_\_ I acknowledge that the Federal Direct loan funds I receive electronically through the school are proceeds of a loan, which I must repay, to the Department of Education according to the terms of the Promissory Note.

\_\_\_\_\_ I understand that my loan processor will keep a percentage (for an origination fee) of my total loan disbursement before it is sent to the school. Please contact the Financial Aid Office for the current percentages.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**MSU Northern Financial Aid Office**  
PO Box 7751 ~ Havre, MT 59501  
Tel: (406) 265-3787 Fax: 406-265-3519  
Email: [finaid@msun.edu](mailto:finaid@msun.edu)