

**Financial Aid Change Form
 Fall 2009 – Spring 2010**

1. I want to **DECLINE** or **REDUCE** the amount of loan(s) or work study that I may be eligible for in 2008-09 as indicated below. *Note: Amounts may be increased or decreased depending upon enrollment, grade level, estimated cost, verification of the FAFSA information and receipt of additional resources.*

Stafford Subsidized Loan	_____	Decline –do not want the loan	_____	Reduce total amount to \$_____
Stafford Unsubsidized Loan	_____	Decline –do not want the loan	_____	Reduce total amount to \$_____
Perkins Loan	_____	Decline –do not want the loan	_____	Reduce total amount to \$_____
Parent PLUS Loan	_____	Decline –do not want the loan	_____	Reduce total amount to \$_____
Private/Alternative Loan	_____	Decline –do not want the loan	_____	Reduce total amount to \$_____
Work Study	_____	Decline –do not want work study		

(If you would like to change your allocation, please use the form "Authorization to Credit Employment Earnings to Student Account". You may obtain this from the Student Accounts Office.

Before your student loans disburse you must complete entrance counseling and a Master Promissory Note if you are a first time borrower at MVNU.

2. I wish to **ADJUST** the amount of my loan(s).

Stafford Subsidized	_____	up to max eligibility	_____	increase total amount to \$_____
Stafford Unsubsidized	_____	up to max eligibility	_____	increase total amount to \$_____
Parent PLUS Loan	_____	up to max eligibility	_____	increase total amount to \$_____
Private/Alternative Loan	_____	up to max eligibility	_____	increase total amount to \$_____

3. _____ My parents applied for the **Federal Direct Parent PLUS loan** and received a **denial notification** from their lender. My parent will not be pursuing an endorser or appeal option. I would like to apply for the maximum **additional Federal Direct Unsubsidized Stafford Loan**.

4. _____ I will be graduating from MVNU in December.

5. _____ I will be attending less than full time.

_____ Fall credit hours _____ Spring credit hours

6. I expect to receive additional scholarships from donors outside of MVNU for 2009-10.

Donor	Amount
_____	_____
_____	_____
_____	_____

Note: A revised Award Letter will be available if the changes indicated above affect your award amounts.

Student Name: _____ MVNU Student #: _____

Signature: _____ Date: _____

Please return form to:

Financial Aid Office, Mount Vernon Nazarene University
 Attn: Becky Rockwell, 800 Martinsburg Rd, Mount Vernon, OH 43050