

# Change of Award Request

**2009-2010 Award Year**

Full Name \_\_\_\_\_ SSN or Student ID: \_\_\_\_\_

Check Appropriate Line

Accept award\*

**\*Please note** that by accepting any federal financial aid, you are authorizing Sinclair to use financial aid to cover charges other than tuition which includes book charges. If you do not wish to use federal aid for these charges, please complete the *Decline Book Authorization Form*.

I would like to accept the following award for the quarter(s) indicated:

- |                       |            |          |            |            |
|-----------------------|------------|----------|------------|------------|
| ___ Pell Grant        | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Work Study        | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Subsidized Loan   | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Unsubsidized Loan | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Parent Plus Loan  | ___ Summer | ___ Fall | ___ Winter | ___ Spring |

Reject award

I would like to reject the following award for the quarter(s) indicated:

- |                       |            |          |            |            |
|-----------------------|------------|----------|------------|------------|
| ___ Pell Grant        | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Work Study        | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Subsidized Loan   | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Unsubsidized Loan | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Parent Plus Loan  | ___ Summer | ___ Fall | ___ Winter | ___ Spring |
| ___ Ohio Grant        | ___ Summer | ___ Fall | ___ Winter | ___ Spring |

Reduce Loan Amount

I would like to reduce the following loans to the amount indicated:

- |                       |          |              |                 |
|-----------------------|----------|--------------|-----------------|
| ___ Subsidized Loan   | \$ _____ | ___ per year | ___ per quarter |
| ___ Unsubsidized Loan | \$ _____ | ___ per year | ___ per quarter |
| ___ Parent Plus Loan  | \$ _____ | ___ per year | ___ per quarter |

I understand that awards that have already been disbursed to my account and/or refunded to me cannot be rejected or reduced. I also understand that this request will take approximately 72 hours to process.

Signed \_\_\_\_\_ Date \_\_\_\_\_