MASTER CONDITIONS OF FINANCIAL ASSISTANCE

STUDENT NAME ___________________________    ID _______________________

1. I certify that I will use any financial aid funds I receive for educational purposes. I understand that the offer displayed on the Banner Information System reflects confirmation of the most current offer. I understand that I am assumed to have accepted my offer, including all loans, unless I inform Student Financial Services (SFS) otherwise. I understand I must inform Student Financial Services if I want to reduce or cancel any part or my entire offer. I understand if I decline any offered financial aid it may not be possible to reinstate this aid.

2. I understand that, for each year I am enrolled, have current or past due institutional charges, or apply for financial aid, I access my student account and financial aid information online through the Banner Information System [https://www.spu.edu/banweb/] and will receive electronic notices to my SPU email account communicating important information, including availability of my online student account statement, disclosures, and my offer of financial assistance and revisions to it. I understand that availability to computers for online access and review of SPU email is provided by SPU in the University Library, SFS lobby, and elsewhere on campus. I understand that I am entitled to paper student account statements and that I am entitled to receive a paper copy of my electronically provided student account statements and financial aid awards, revisions, and information by contacting Student Financial Services.

3. I understand that I must advise Student Financial Services if any of the following occurs:
   • change in my financial status, including if I receive additional resources not reported on the Free Application for Federal Student Aid (FAFSA).
   • change of address or phone number, by updating it in the Banner Information System
   • I enroll for less than the number of credits indicated on my offer of financial assistance in the Banner Information System for any term
I also understand that these changes may result in a reduction of my financial aid funds and if my notice is late I may incur a late fee on my student account.

4. I certify that I do not owe a refund or repayment on a Washington State Need Grant, Pell Grant, or Supplemental Education Opportunity Grant, nor am I in default on a loan made, insured, or guaranteed under the Perkins, National Direct, Federal Direct, or Federal Family Education Loan programs. In addition, I am not in default on a loan made through a state conditional loan or conditional scholarship program.

5. I understand I must be enrolled at least half time to receive most forms of financial aid (6 credits – undergraduates, 3 credits – graduate students); I must file a FAFSA each year to receive federal, state, and institutional need-based aid.

6. I understand I must maintain satisfactory academic progress toward the completion of my degree and meet the applicable requirements of all institutional, federal, and state aid as defined in the Managing Your Financial Aid portion of the Student Financial Services website.

7. I understand a drop in credits or withdrawal from my courses may result in a reduction, cancellation or required repayment of my financial aid, including all private, institutional, federal or state awards.

8. I understand that the total offer of institutional gift aid (tuition discounts, grants, and scholarships) is limited to the cost of tuition. (Distinguished Scholars, ASSP Scholarship recipients, athletes, and resident advisors are covered under separate policies that allow institutional gift aid above tuition costs).

Please complete and sign the back of this form.
   a. A resident of Washington State, according to RCW 28B.15.011-013.
   b. I can choose to voluntarily make financial contributions to the Washington Student Achievement Council in recognition of a State Need Grant. All voluntary contributions will be used to provide financial assistance to other students.
   c. I am not pursuing a degree in theology.

10. I understand that my offer of financial assistance is based on the availability of funds and if there are not enough funds to meet the needs of all eligible students, some or all of my offer may be changed or canceled by SPU and/or the Washington Student Achievement Council. I understand that SPU and the Washington Student Achievement Council may also change or cancel my offer if information changes affect my eligibility for private, federal, institutional, or state financial assistance. All awards indicated on the offer of financial assistance in the Banner Information System are subject to the conditions, policies, and instructions found in the University Catalog, website, and “Managing Your Financial Aid” at www.spu.edu/sfs.

11. If a credit balance is owed to me after all financial aid, and payments have been applied to the charges on my account, I understand that SPU will contact me via my SPU email account of the availability of this refund.

12. If I am selected to receive an SPU Endowed and Restricted Scholarship or if I receive an Independent Colleges of Washington donor scholarship, I authorize SPU to share my academic history with the donor(s).

13. I understand that my financial aid will be applied to my SPU student account to pay for tuition and fees, and room and board, if applicable. I may, by checking the first box below, authorize SPU to use my financial aid to satisfy other educationally related charges that I incur at SPU. Examples of other charges that may be paid with this authorization include, but are not limited to, library fines, campus parking tickets, lab fees, Falcon Funds, and charges for minor damage to school property. You must choose one option below. I understand that I am not required to provide authorization and that, if I choose to not provide authorization, I will be responsible to pay other educationally related charges out-of-pocket. If I provide this authorization, I may revoke or modify the authorization at any time by contacting Student Financial Services.

☐ I do authorize SPU to use my financial aid to pay for other educationally related charges that I incur at SPU, as described above.

☐ I do not authorize SPU to use my financial aid to pay for other educationally related charges that I incur at SPU, as described above.

By signing below, I attest that I read, understand, and will comply with the above statements.

________________________________________________________________________
Student Name (Printed)          SPU ID

________________________________________________________________________
Student Signature          Date

Submit completed form to Student Financial Services in person, via email attachment, mail or fax.

Please keep a copy of this form for your records.