



VISIONARY

## OFFICE OF STUDENT FINANCIAL AID

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### INSTITUTIONAL AID ASSISTANCE ACKNOWLEDGEMENT FORM

Student: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Clafin Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Classification: \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Meeting SAP: \_\_\_\_\_ Enrolled: \_\_\_\_\_

Assistance for Fall 2021: \_\_Yes \_\_ No    Fall 2021 Assistance: \$ \_\_\_\_\_

Assistance for Spring 2022: \_\_Yes \_\_No    Spring 2022 Assistance: \$ \_\_\_\_\_

Total Assistance FY21-22: \$ \_\_\_\_\_

- I accept the financial assistance provided for the FY2021 to me and I understand that if I transfer, the assistance automatically becomes a loan that must be repaid to Clafin University.
- I decline the financial assistance provided to me for the FY2021 and I will make the necessary arrangements with the Student Accounts Office for the balance owed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Counselor

\_\_\_\_\_  
Date