



FINANCIAL AID OFFICE
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 TEL: 414-223-2105

ROCKVILLE
 TEL: 301-258-3800
ST. LOUIS
 TEL: 314-205-7900

Increase Award Request Form

I, (Student Name) _____, (Student Number) _____, acknowledge that the process of increasing loans for an academic year(s) has been explained to me and I fully understand and wish to move forward. If at any time I choose to revoke the election made below I may do so by submitting a Decrease Award Request Form. I understand that loans cannot be added in excess of my Title IV eligibility and that they cannot exceed cost of attendance. I am also aware and understand that these Title IV funds will not be available once the academic year ends.

There are two sections below. Choose only the section that applies to your request.

Section I

.....
 ___ I request to have the maximum amount of loans added to my account based upon my eligibility for the current academic year.

Section II

.....
 ___ I request that loans be awarded in the amount of \$_____ for the current academic year.

Note: If there is a credit on your account after tuition and fees are paid, those funds will be sent to you either at the end of the term or at the end of the academic year, depending on the selection you made on your Credit Balance Statement. However, you always have the option of sending funds to your lender to decrease your educational loan debt. A borrower may prepay all or part of a federal student loan at any time without penalty.

Student Signature: _____ **Date:** _____