



Mount Aloysius College
 Financial Aid Office
 7373 Admiral Peary Hwy
 Cresson, PA 16630
 (814) 886-6357

ADJUSTMENT OF FINANCIAL AID REQUEST

Student's Name: _____ SS#: _____
Please print

I request an adjustment in my aid for:

Semester (Check one):

- FALL ONLY
 SPRING ONLY
 BOTH FALL AND SPRING

Award Year (Circle one): 2010/2011 2011/2012 2012/2013 2014/2015

FEDERAL WORK-STUDY

- Please cancel. I do not wish to work.
 I would like more FWS hours. I can use _____ more hours.

DIRECT STAFFORD LOAN

- I decline my subsidized Direct Stafford Loan.
 I decline my unsubsidized Direct Stafford Loan.
 I would like a total of \$_____ on my subsidized Direct Stafford Loan.
 I would like a total of \$_____ on my unsubsidized Direct Stafford Loan.

DIRECT PLUS LOAN

- I would like my Direct PLUS Loan of \$_____ reduced to \$_____.

ALTERNATIVE LOAN

- I currently have an alternative loan in the amount of \$ _____.
 I will be requesting additional funds in the amount of \$ _____.

 SIGNATURE

 DATE