

Interdenominational Theological Center

Accept/Decline Award Offer Form

(Complete and return this document as indicated below. Loans will not be processed and funds will not be disbursed until this form is completed and returned to the Office of Financial Aid. Please print.)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Denomination: _____

Terms You Plan to Attend: *(Please check all that apply):* () Summer 20____ () Fall 20____ () Spring 20____

List all colleges/universities previously attended:

Name	Date Attended	Did You Receive Aid?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where will you live while attending ITC? _____ On-Campus _____ Off-Campus
Would you like to be considered for Federal Work-Study? _____ Yes _____ No

Award Affirmation:

Enclosed is your financial award letter. You do not need to return a copy to the Office of Financial Aid. Please indicate your preference(s) to our offer of financial aid below. If your award letter includes a Federal Direct Unsubsidized Loan, we have offered you the maximum loan permissible (up to \$20,500) for the academic year. Our offer is based upon full-time enrollment (12 hours). You have the option to accept or decline the loan offer or accept an amount less than the amount offered to you. If you wish to cancel your loan, please provide written notification to the Office of Financial Aid prior to disbursement of your loan. Your loan will be disbursed to your account within three (3) days of receipt of funds. Your award is subject to adjustment due to receipt of additional aid, changes in institutional policy, changes in your enrollment status, or availability of funds. By signing below, you indicate that you have read and understand the terms and conditions of your award offer.

____ I wish to accept all of the aid offered.

____ I wish to decline the following aid: _____

____ I wish to borrow less than the amount offered. I only wish to borrow \$_____ (*indicate amount*)

____ I wish to decline the entire financial aid award because I do not plan to enroll.

Signature: _____ Date: _____

Please complete and return to:

*The Interdenominational Theological Center
Office of Financial Aid
700 Martin Luther King Jr. Drive, SW
Atlanta, Georgia 30314
Or fax to
(404) 614-6334*