



INFORMATION FORM  
Academic Year - 2015 to 2016

Please use **BLACK** or **BLUE INK ONLY!!!**  
DO NOT USE RED INK OR PENCIL – OTHERWISE  
THIS FORM WILL BE VOIDED!

UNIVERSITY OF GUAM  
UNIBETSEDĀT GUAHAN

Enrollment Management & Student Services  
Financial Aid Office

Student's Name: \_\_\_\_\_  
Last First MI

Previous Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(If Applicable)

Social Security No: \_\_\_\_\_ UOG Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Nos.: \_\_\_\_\_

**Concurrent Enrollment:** I attend/will attend **other** schools during this school year. – **DON'T list UOG.**

<u>Name of School</u>	<u>Dates of Enrollment</u>

**Student Resources: Scholarships/Grants:** I will be receiving the following scholarships and/or grants during this school year, list below:

<u>Scholarship Name</u>	<u>Amount (\$)</u>

**Other resources:** I will be receiving the following benefits and resources during this school year (GHURA, Section 8, Welfare to Work, TANF, etc.):

<u>Resource Name</u>	<u>Amount (\$)</u>

**Student Certifications:**

- ❖ I certify that I have read and understand the contents and requirements of the Financial Aid Policies, which include (but are not limited to) Student Eligibility and Satisfactory Academic Progress that has made available to me on the University of Guam Financial Aid website at [www.uog.edu/financial-aid](http://www.uog.edu/financial-aid) ;
- ❖ I certify that I understand and agree that official communication between the University of Guam Financial Aid Office and myself will be through my **FREE** University of Guam student email account at <http://etriton.edu.gu/mail/>. If you need further assistance to establish your UOG email account, please visit Admissions and Records;
- ❖ I certify that I understand that I am responsible for updating my mailing address, contact numbers and any name change with the Admissions and Records Office;
- ❖ I certify that I will use any remaining funds I receive towards educational purposes for this academic year;
- I certify and understand that my Financial Aid award(s) is **TENTATIVE**, and that if I am not eligible after Financial Aid Office reviews of my eligibility or my total financial aid award(s) is not enough to cover all tuition, fees and book charges, I am responsible to pay all tuition, fees and book charges that I have accrued for this semester.
- ❖ I certify that I understand that if my Federal Financial Aid awards for each semester is not enough to pay for all my tuition, fees, and books; I must visit the Collections Office (located at the old Administration Building, where main cashier is located) to sign a **Time Option Payment Plan** (TOPP);
- ❖ I certify that I understand that my not completing the Family Educational Rights and Privacy Act (FERPA) release below, information regarding my financial aid will not be released to any other person other than myself;
- ❖ I certify and understand that by signing this form, I authorize University of Guam to apply any financial aid funds toward payment of tuition, fees, institutional charges or other charges billed by the University. I make this authorization voluntarily to ensure my tuition, fees, and other University of Guam charges will be paid.

Initials
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RECEIPT

TITLE IV PROGRAM  
FEDERAL PELL GRANT / FEDERAL DIRECT LOANS

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

Social Security No#: \_\_\_\_\_

Are you interested in Federal Direct Loans: _____ No _____ Yes** <input type="checkbox"/> Subsidized <input type="checkbox"/> Unsubsidized	
REQUESTED AMOUNT:      \$ _____      \$ _____	
<ul style="list-style-type: none"> <li>❖ If yes, I understand that it is my responsibility to complete <b>both</b> the <b>Entrance Counseling Test</b> and the <b>Master Promissory Note</b> on-line at <a href="https://studentloans.gov">https://studentloans.gov</a>; in order for the Financial Aid Office to process my Federal Direct Loans for this academic year (step by step procedures are available in the Financial Aid Office).</li> <li>❖ I further understand that <b><u>I MUST</u></b> submit a copy of my Entrance Counseling results to the Financial Aid Office.</li> <li>❖ I further understand that I must be enrolled for at least six (6) credit hours in order to borrow a student loan. <b><i>(If you are a graduate student, you must enroll in at least six (6) graduate credits in order to borrow a student loan.)</i></b></li> </ul>	Initials

*I hereby certify that the information I have given in this form are true and correct to the best of my knowledge and belief. I agree to comply with all the regulations and laws that are applicable to the Federal Title IV Programs and the UOG Financial Aid Office.*

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FINANCIAL AID OFFICE**  **UNIVERSITY OF GUAM**

**TITLE IV PROGRAM – PELL GRANT/FED DIRECT LOANS**



STUDENT RECEIPT



<input type="checkbox"/> Completed FAFSA _____ <input type="checkbox"/> Student Information Form <input type="checkbox"/> Verification Worksheet    ⚡ Dependent ⚡ Independent <input type="checkbox"/> Non-Tax Filer's Statement    ⚡ Dependent ⚡ Independent <input type="checkbox"/> 1040 & W2 Tax "FILED" Copies <input type="checkbox"/> Identification Statement <input type="checkbox"/> Photo ID Copy <input type="checkbox"/> Passport Copy/Naturalization Certificate <input type="checkbox"/> Consortium Agreement w/Schedule _____	<input type="checkbox"/> Federal Direct Loans ○ Entrance Counseling Confirmation ○ Master Promissory Note <input type="checkbox"/> Parent Plus Loans ○ Entrance Counseling Confirmation ○ Master P romissory Note ○ Change of Address [From Admissions & Records] <input type="checkbox"/> Legal Guardianship Copy <input type="checkbox"/> Appeal /Request _____ <input type="checkbox"/> Other _____	_____ <i>STUDENT'S NAME</i> UOG ID# _____ _____ <b>DATE RECEIVED</b> <b>TIME</b> _____ <b>FAO INITIALS</b> _____
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