



### Financial Aid Terms and Conditions

**Student:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Please review the [Financial Aid Terms and Conditions](#) before completing this form. It is very important that you read over all sections listed under [Financial Aid](#) so that you have a better understanding of financial aid policies and your responsibilities as a Financial Aid recipient.

I have read, understand, and accept the responsibilities of the Financial Aid Terms and Conditions.

The Financial Aid Office must consider additional financial aid resources from [sponsored or 3rd party billing](#) (i.e. Military Tuition Assistance, Vocational Rehab (EXCLUDING VA CH. 31-35), Employee/Dependent Tuition Assistance/Waiver (including ERAU employees and dependents), grants, scholarships, tuition waivers, tuition assistance, contract payments, etc.) when determining eligibility for Federal Financial Aid. Clarification of your specific information is required before any eligible funds can be disbursed to your student account. **Please note** that if resources are not reported before an award is calculated we may be required to adjust your financial aid and you may be required to return funds. If in the future there are changes to the amounts reported below you must email the Financial Aid Office at [wwfinaid@erau.edu](mailto:wwfinaid@erau.edu). **Please check which applies to you:**

I am using a [Sponsor or 3<sup>rd</sup> Party Billing\\*](#) as stated above that is applied toward my tuition and/or fees and have indicated the source and amount below. **Please enter amount to be received for the academic year beginning July 1, 2020 to June 30, 2021.** Note: If you are not attending the full academic year, please adjust the amount to what you will actually receive for the remainder of the academic year.

Vocational Rehab (DO NOT INCLUDE VA Chapter 31-35)	\$ _____
Army (Active/Guard/Reserves)	\$ _____
Air Force (Active/Reserves)	\$ _____
Marines	\$ _____
Navy	\$ _____
Coast Guard	\$ _____
ERAU Employee/Dependent wavier	\$ _____
Other (please list)	\$ _____

I do not receive any additional Financial Aid resources from a sponsor or 3rd party billing as stated above.

**Military Housing – Please check which applies to you:**

I am living in military housing and/or housing in which I receive basic allowance for housing (BAH) under Title 37 of the U.S.C-Pay and allowances of the Uniformed Service (Regardless of whether you live on base or off).

I do not receive BAH under Title 37 and/or live in military housing as stated above.

By signing this form, I declare that all information on this form is true and correct to the best of my knowledge. I understand that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending ERAU. I indicate that I have read, understand, and accept the responsibilities of the [Financial Aid Terms and Conditions](#).

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

Date \_\_\_\_\_

**\*3rd Party Billing** - Also known as scholarships, departmental awards, tuition assistance, employee/dependent waivers, vocational rehab (Excluding Chapter 31-35, etc.) Anything that would be direct billed by ERAU and paid by a 3<sup>rd</sup> party source. This excludes private loans, Federal Pell Grant, and Federal Direct Loans.