

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.

Student Notifications: Email is an official means of communication for students at Embry-Riddle. All official university email will be sent to each student’s assigned university email address. Students are responsible for reading emails received from the university.

_____ **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 third 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.

Additional Financial Aid Resources — Please check which applies to you:

_____ I am using a [Sponsor or third 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, 2022 to June 30, 2023.** 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 third 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** _____

Submit this document to your campus Financial Aid Office using the [secure upload](#) link, at your ERAU campus or via fax: 386-226-6915. Be sure to include your Student ID on all documents. Do not send tax return transcripts via email they will not be accepted.

Third Party Billing: Also known as scholarships, departmental awards, tuition assistance, employee/dependent waivers, vocational rehab (Excluding Chapter 31-35, etc.). Any funding that would be direct billed by ERAU and paid by a third party source. This excludes private loans, Federal PELL Grant, and Federal Direct Loans.