



# 2009-2010 Financial Aid Disclosure



_____ SSN or ID Number	_____ D.O.B.	_____ Student's Name
_____ Home Phone Number	_____ Cellular Phone Number	_____ Alternative Phone Number

If you are a Lamar University faculty or staff member, please check here:  I am a LU employee

If you have a family member also attending Lamar University, please provide their name(s) and relationship:

_____ Name	_____ Relationship
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Please check each semester(s) you wish to receive both federal & state aid at Lamar University during the 2009-2010 financial aid year:

Fall 2009                       Spring 2010

**If you wish to be evaluated for federal aid only (i.e. Stafford student loans and Pell grant), you must submit a written statement to our office and this form will not be required.**

You are required to report all scholarships, stipends, rehabilitation benefits, tuition waivers, Chapter 31 VA benefits and exemptions, etc., which you will receive this academic year beyond federal aid awarded by this office. If you receive any additional resources not listed below after you have completed this form, you **MUST** inform the Lamar University Financial Aid Office in writing immediately.

**Receipt of additional funds may constitute the lowering of any or all awards of Title IV funds.**

_____ Name of Scholarship	\$ _____ Total Amount to Receive for 2009-2010 Award Year
_____ Name of Scholarship	\$ _____ Total Amount to Receive for 2009-2010 Award Year

Please list the names of ALL colleges and/or universities attended other than Lamar University.  
You must list each institution attended, even if you did not receive financial aid.  
**An academic transcript must be on file for each institution before you can receive financial aid.**

_____ Name of College/University	_____ Year(s) Attended
_____ Name of College/University	_____ Year(s) Attended

**STATEMENT OF EDUCATIONAL PURPOSE/REGISTRATION COMPLIANCE/LOAN DEFAULT-GRANT REFUNDS CERTIFICATION:**

By signing below I certify that I do not owe a refund on any grant or loan, am not in default on any loan, and have not borrowed in excess of the loan limits under Title IV programs at any institution. I will use all Title IV money received only for expenses related to my study at Lamar University. I further understand that should I purposely give false or misleading information, I may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.

\_\_\_\_\_ I certify that I have not been convicted of violating any federal or state law involving drug possession or sale  
initial                      and that I have not been incarcerated in any federal and/or state prison.

By signing below and initialing the information on the back of this form, I am certifying that the information provided is true and complete to the best of my knowledge. I further authorize my financial aid funds (grants and/or loans) to be applied to my Lamar University tuition, fees, University Housing expenses, and/or any other official University charges.

_____ Student Signature	_____ Date
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**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:**

Students who attend colleges and/or universities other than Lamar University and students, who enroll for Lamar University summer sessions only, are not eligible for student financial aid assistance.

I understand that financial aid (Stafford Loans, Grants, and College Work Study) is awarded based upon the enrollment status as provided on my Free Application for Federal Student Aid (FAFSA) and a student must be enrolled for a minimum of 6 hours.

**I understand that my financial aid award will be based on the expected enrollment I put on the FAFSA. If I intend to enroll for a different amount of hours I must notify the financial aid office in writing so that my aid will be adjusted prior to disbursement. If I enroll in few hours than what is on my FAFSA then I understand my financial aid will be adjusted after the 12<sup>th</sup> class day and I could owe Lamar University as a result.**

I understand the Satisfactory Academic Progress (SAP) standards and further understand that I cannot receive financial aid if I am not meeting these standards.

I understand that my transcript will be held until I have made full arrangements with the Lamar University Cashiers Office to repay all obligations incurred by me.

I am aware Lamar University will consider the amount of Dependent Care Expenses provided for children under 12 years old in my cost of attendance budget. I understand I must provide the names, ages, relationship, amount paid, and daycare & tax id number for review. I further understand additional documentation might be required and Lamar University reserves the right to deny any dependent care expense submitted.

I authorize the Lamar University Office of Student Financial Aid to release any information concerning my records at Lamar University to any federal, state, institutional, or local organization or agency necessary for the administration of my award(s), processing of my application, and submitting required reports. I understand that this authorization will remain in effect unless revoked by me in writing to the Lamar University Office of Student Financial Aid. I further understand that in endorsing or approving applications for certain program(s) that I request that Lamar University Office of Student Financial Aid accept responsibility and have legal and contractual obligations for submitting subsequent reports as required by such institutions, agencies, or organizations and that when these commitments apply, this authorization cannot be revoked.

I understand that the Office of Student Financial Aid will automatically accept all grant funds I am awarded and eligible to receive based upon my completion of this form. If my funding levels change I will be sent notice to view my account online through the My Lamar email system.

I understand that if I withdraw before 60% of the semester is over I will owe Lamar University and/or the U.S. Department of Education a percentage of the financial aid funds that have been applied to my student account. If I stop attending classes (and do not properly follow Lamar University's withdrawal procedure) and end the semester with grades of Qs or Fs, I may owe a percentage of the financial aid funds that were applied to my account back to Lamar University and/or the U.S. Department of Education. If the calculation of my withdrawal results in a credit on my student account, I agree to allow these funds to be returned to my Stafford Loan lender. If I have not incurred any Stafford Loan debt, I agree to allow any residual credit refunded to me through the standard institutional refund procedures using the Cardinal One Option I selected.

I understand that my Social Security Number (SSN) will be used to verify my identity as the applicant and as an account number in order to record necessary data accurately. As an identifier, your SSN is used in such program activities as: determining program eligibility; certifying school attendance and student status; determining eligibility for disability or death claims; and for tracing and collecting in cases of delinquent or defaulted loans. (*Section 7a2 of the Privacy Act of 1974 provides that an agency may require disclosure of an individual's SSN as a condition for the granting of a right, benefit, or privilege, in order to verify the identity of an individual*). (*The policies and practices of Lamar University are in compliance with guidelines relative to the Privacy Act of 1974 (Pub. L.93-579)*).

I understand that I am responsible for activating my Lamar University email account and that all future financial aid notifications will be sent by email to that account. All first time students are responsible for checking their financial aid account their My Lamar account until their email account can be activated. Instructions for activating your email account can be found under common questions at <http://dept.lamar.edu/financialaid/>.

I have read and understand all of the above information:

\_\_\_\_\_

Initials

\_\_\_\_\_

Date

Please return this completed form to: Lamar University - Student Financial Aid P.O. Box 10042 Beaumont, Texas 77710

**PLEASE COMPLETE BOTH FRONT AND BACK PAGE**

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