Student Name (please print): __________________________________ SID#: __________________

MAJOR:_____________________________ MINOR (if applicable):_________________________

You have been awarded a Washington State Need Grant, WAVE, Passport To College, ETV or other assistance from the State of Washington. In order to receive this grant, you must certify that you will comply with the conditions of the award below.

Initial next to each line below to certify that you have read and agree to the Conditions of Award.

I, THE UNDERSIGNED, CERTIFY THAT:

_____ I am a resident of the state of Washington, in accordance with RCW 28b.15.011-013;

_____ I am/will be registered at this institution as at least a half-time undergraduate student and will be making satisfactory progress toward completion of my degree or program objective;

_____ I have applied/will apply for a Federal Pell Grant (by completing the FAFSA);

_____ I am not pursuing, or intending to pursue, a Major or Minor in the College of Ministry;

_____ I do not owe a refund or repayment on a State Need Grant, a Pell Grant, or a Supplemental Education Opportunity Grant, nor am I in default on a loan made, insured, or guaranteed under the Perkins, National Direct, or Federal Family Education Loan programs. In addition, I am not in default on a loan made through a state conditional loan program;

_____ I agree to notify the Financial Aid Services Office immediately of any change in my address, major, minor, or in my financial status;

_____ I understand that this grant is awarded to assist in meeting educational expenses; and should I withdraw from classes, repayment of all or a part of the grant may be required;

_____ I understand that, when I am able, I can voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of this Grant and that these gifts will be used to provide financial assistance to other students; and

_____ I understand that the offer of a Grant is subject to and conditional upon the availability of funds. Further, I agree that the Higher Education Coordinating Board and this institution reserve the right to withdraw, reduce, or modify the grant due to funding limitations or due to changes in circumstances which affect my eligibility for the Grant.

(Continued on back)
WASHINGTON STATE NEED GRANT
STUDENT AGREEMENT AND DIRECTIVE

Your designation and signature on this form will document your choice to allow the Washington State Need Grant, WAVE, Passport To College, ETV or other state funds to either be applied directly to your Student Account or be given directly to you in the form of a check. You may want to consult with a Student Accounts representative or your online Student Account Balance via the Eagle Website to determine which option is best for you.

You must choose one of the following options:

________ I choose to have state student aid funds applied directly to my Student Account and be automatically credited toward expenses I owe Northwest University.

• Choosing to have the funds deposited to your student account allows the aid to be automatically credited toward expenses you may owe to the school. If you are eligible for a refund after all aid is applied, this option will help ensure any refund of financial aid proceeds to be processed as soon as possible.

OR

________ I choose to have state student aid funds given directly to me (not credited to my Student Account). I understand that I am responsible for all outstanding balances on my student account at Northwest University.

• Choosing to have the funds given directly to you will not allow the aid to be automatically credited toward expenses you may owe to the school. You will be responsible for using the funds to pay for educational expenses you owe to the school. This option may result in late fees being assessed on your Student Account if you do not pay your account in full using either part, or all of these state funds.

This form will be required from you for each year that you are awarded Financial Aid from Washington State. Your choice will stay in effect for one academic year. You may change your directive for a future semester by informing the Financial Aid Services Office in writing.

You must check one of the lines above before submitting this document.

By signing below you certify that you have read and agree to the Conditions of Award both sides of this form.

__________________________________________________________________________   __________
Student Signature                                              Date