

PRINCETON UNIVERSITY

**Undergraduate Financial Aid
Box 591, 220 West College
Princeton, New Jersey 08542-0591
Telephone: (609) 258-3330 Fax: (609) 258-0336**

**FINANCIAL AID AWARD ACKNOWLEDGMENT
AND LIMITED POWER OF ATTORNEY**

I have received my financial aid award for the 2011-12 academic year and the information which accompanied my aid award. I understand its terms and my responsibilities.

All of the information on the application forms is true and complete to the best of my knowledge. If I am asked, I agree to give proof that this information is correct. This proof might include a copy of the 2010 federal income tax return filed by me or my parents as well as verification of the number of people in my family or the college enrollment of my siblings.

Any grants or loans shown in my award letter, or any amended amounts I am notified of in a revised award, will be credited to my student account at the Treasurer's Office in equal semester installments. Federal student aid awards (Supplemental Educational Opportunity Grant, Perkins and Stafford Loans, and Pell Grant) will be disbursed directly to tuition, room, and board charges when funds are made available under program regulations.

I understand that if, during the academic year, I am convicted of any offense under any federal or state law involving the possession or sale of illegal drugs I will lose eligibility for any federal aid, including Federal Work-Study, Supplemental Educational Opportunity Grant, Perkins and Stafford Loans, and Pell Grant.

If a campus job is, or becomes, part of my award, I understand that I may be paid through the Federal Work-Study Program. I accept employment under this program, along with the established pay rates and position descriptions as outlined in the *Student Employment* booklet (available from this office).

I appoint the Treasurer of Princeton University my legal attorney for the sole purpose of endorsing any checks from a scholarship donor made payable to me which represent proceeds of grants or scholarships for my educational expenses at Princeton University and to deposit them as a credit to my student account.

By signing below I acknowledge that I understand the terms of my award and the Limited Power of Attorney.

Student's Signature _____ Date _____

Student's Name _____ Class _____
(please print)

Princeton University ID (if available) _____