



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Reinstatement of Aid Request 2019-2020

N00

Student's Last Name

First Name

Student ID

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E-mail Address

Phone Number

Reinstatement of Aid (Check Mark Box)	Summer 2019	Fall 2019	Spring 2020
All Financial			
Sub Loan			
Unsub Loan			
Pell Grant			

By signing this document, I request that the following aid be reinstated.

Student's Signature

Date

Digital signature cannot be accepted.

If you have any questions, please call (316) 295-5200 or (800) 794-6945, ext. 5200. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.