

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

Date:/			
Student Name:	/_ /_	First	_
Student ID#:			
•	r selection as a Residential A g an RA can be a very reward	Assistant (RA) for the upcomingling experience.	school

Since you are entitled to a Room Waiver, the amount of financial aid you will be receiving will be affected. The following is a breakdown of your revised financial aid eligibility:

PROGRAM	WAS	REVISED
TAP (estimate)		no change
Pell (estimate)		no change
Perkins Loan		
Work Study		
SEOG		
EOP		
Federal Direct Subsidized Loan		
Federal Direct Unsubsidized Loan		

Revised: 11/17