

Recipient Cash Equivalent Aid Acceptance Agreement

This form must be completed by the program administrator (the administrator responsible for the monitoring and oversight of the program purchasing the cash equivalent aid). The original shall be provided to the recipient, a copy provided to the applicable financial aid office, and a copy maintained by the program administrator.

Recipient Name _____

Student ID _____

Terms and Conditions

I understand and agree to the following terms and conditions:

- Cash equivalent aid may only be used by the recipient identified above
- Cash equivalent aid must be used for its intended purpose
- Cash equivalent aid cannot be used to purchase prohibited items such as alcohol or tobacco
- Lost or stolen cash equivalent aid will not be replaced
- The financial aid office will be notified of my acceptance of the cash equivalent aid, which may impact my student financial aid
- If the value of all cash equivalent aid I receive in a calendar year totals \$600 or more, the value will be reported to the IRS on Form 1099-MISC as "other compensation"

Recipient Name _____

Signature _____ Date _____

Department notes: _____

To be filled out by the program administrator:

Vendor Name on Cash Equivalent Aid (example, Arco) _____

Face Value of Cash Equivalent Aid _____ Purchase Order Number _____

Name of Program Administrator _____

Signature _____ Date _____

To be filled out by the distributor:

Cash Equivalent Aid Identification Number _____ Face Value _____

Distributed by (Name) _____ Initials _____ Date _____

Received by (Student signature) _____ Date _____