

Student Name: _____ Student UE ID: _____

Financial arrangements are required by July 21 prior to the start of each academic year. Please identify the option(s) that you and/or your family are intending to use to satisfy any remaining cost after financial aid for the academic year.

- ☐ UE Payment Plan (4 or 5-month per semester plan)
- ☐ Semester payment (pay semester in full each term)
- ☐ 529 College Savings Fund
- ☐ Educational loan:
 - ☐ Federal student loan
 - ☐ Private student loan
 - ☐ Federal parent loan
- ☐ Work study included in Financial Aid Package (\$2,000 annual award)
- ☐ Outside scholarships not already listed on Financial Aid Offer (examples: Kiwanis Club, High School, etc.)

Scholarship name: _____ Amount: _____

Scholarship name: _____ Amount: _____

Scholarship name: _____ Amount: _____

Scholarship name: _____ Amount: _____

☐ Other: _____

Student Signature: _____ Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Return to:

University of Evansville
Office of Student Financial Services
1800 Lincoln Avenue - Evansville, IN 47722
Fax: 844-433-7153
Email: studentfinancialservices@evansville.edu

Contact our office:

