

# How to Accept Your Health Insurance Scholarship

## Financial Aid Requirements

### 2014 - 2015 Aid Year

Requirements	Fund	Status
<a href="#">GTA/GRA Health Insurance Scholarship Terms and Conditions</a>	GTA/GRA Hlth Couns Fee Scholarship	✓
<a href="#">GTA/GRA Health Insurance Scholarship Terms and Conditions</a>	GTA/GRA Health Ins. Scholarship	✓

Choose Another Year ▼

## Financial Aid Awards

<a href="#">View Requirements/Upload Documents</a>	🔗
<a href="#">View and Accept Award Offer</a>	🔗
<a href="#">View a PDF of Award Letter</a>	🔗
<a href="#">Award Descriptions</a>	🔗
<a href="#">Financial Aid Summary</a>	🔗
<a href="#">Student Account by Term</a>	🔗
<a href="#">Aid Payment Schedule</a>	🔗
<a href="#">Financial Aid History</a>	🔗
<a href="#">Loan History</a>	🔗
<a href="#">Withdrawal Information</a>	🔗

- \* PioneerWeb
- \* Student Tab
- \* Financial Aid Awards
  - \* View and Accept Award Offer

# Accept Terms & Conditions

## This is just one step to accept the Scholarship

View and Accept your Aid for the 2014-2015 Aid Year

[General Information](#) [Award Overview](#) [Resources/Additional Information](#) [Terms and Conditions](#) [Accept Award Offer](#)

### Terms and Conditions

\* Below you will find the terms and conditions for receiving your financial aid, as well as specific messages for each award in your package. **You must accept these terms in order to accept and receive any financial aid.** Please read through the following information and click "Accept" to be able to click the "Accept Award Offer" tab above.

#### GTA/GRA Health Insurance Scholarship

This scholarship covers the cost of both the Student Health Insurance Plan (SHIP) and the Health & Counseling Fee.

#### Eligibility Requirements. Please read carefully.

By accepting the GTA/GRA Health Insurance scholarship, you agree to the following:

1. I have a full-time appointment as a GTA or GRA (or a combination of both) for the entire academic year.
2. I have a tuition waiver offer for a minimum of 24 total credit hours for use over the academic year.
3. I will fulfill the requirements of my full-time appointment as a Graduate Teaching or Research Assistant (GTA or GRA).
4. I will register for and complete a minimum of 24 total credit hours over the course of the academic year.
5. I will not register for Continuous Enrollment alone in any quarter, and I understand that I must register for actual coursework work in fall, winter, and spring quarters to remain eligible.
6. I understand that if I waive the Student Health Insurance Plan (SHIP) and/or Health and Counseling fees, I will not have the insurance coverage and the scholarship will be cancelled.
7. I understand that failure to comply with any of the above listed requirements may result in a hold being placed on my account until I have re-paid the scholarship.

\*If you have been told that you are eligible for this scholarship by your department but do not meet the eligibility requirements or have any questions about these requirements, please email [paula.tickel@du.edu](mailto:paula.tickel@du.edu) for clarification before accepting the terms and conditions.

**By accepting the terms and conditions, you hereby acknowledge that you have read and understand the GTA/GRA Health Insurance Scholarship eligibility requirements. You understand that accepting the terms and conditions does not prohibit you from declining this award. By choosing to accept the award, you hereby acknowledge that you do and will continue to meet the eligibility requirements.**

Fund	Message
GTA/GRA Health Ins. Scholar	For more information about the GTA/GRA Health Insurance Scholarship please log in to the DU Portfolio Community at <a href="https://portfolio.du.edu/pc/index">https://portfolio.du.edu/pc/index</a> . You will be required to enter your DU ID number and Passcode and select the "GTA/GRA Health Insurance Scholarship" community to access this information. If you do not know your DU ID or Passcode, please contact the Office of the Registrar at 303-871-2284.
GTA/GRA Hlth Cours Fee Schol	For more information about the GTA/GRA Health Insurance Scholarship please log in to the DU Portfolio Community at <a href="https://portfolio.du.edu/pc/index">https://portfolio.du.edu/pc/index</a> . You will be required to enter your DU ID number and Passcode and select the "GTA/GRA Health Insurance Scholarship" community to access this information. If you do not know your DU ID or Passcode, please contact the Office of the Registrar at 303-871-2284.

You have accepted the Terms and Conditions.

[\[ Return to the Financial Aid Menu | Contact Financial Aid \]](#)

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# Accept Award Offer

## This is the second step to accept the Scholarship

General Information | Award Overview | Resources/Additional Information | Terms and Conditions | **Accept Award Offer**

Print

### Steps to Accept Your Aid

1. Choose "Accept" or "Decline" from the drop-down menu for each award with a status of "Offered."
  - Scholarships and grants are usually already accepted on your behalf.
  - If you wish, you may accept only a portion of an award by typing in a partial amount.
  - *Unless otherwise indicated, any award you accept will be evenly split over all of the quarters/semesters listed in the table below.*
2. **Once you have accepted or declined all of your aid, review your [financial aid requirements](#).** Some types of aid—particularly loans—require additional
3. After you have accepted or declined your aid, you must contact Financial Aid at 303-871-4020 or at [finaid@du.edu](mailto:finaid@du.edu) to make any changes to your award.

### Award Decision

Fund	Status	Term	Amount	Accept Award	Accept Partial Amount
GTA Waiver - NSM	Accepted	Autumn Quarter	\$10,278.00		
	Accepted	Winter Quarter	\$10,278.00		
	Accepted	Spring Quarter	\$10,278.00		
		Fund Total:	\$30,834.00		
<a href="#">GTA/GRA Health Ins. Scholar</a>	Offered	Autumn Quarter	\$1,210.00		
	Offered	Spring Quarter	\$1,210.00		
		Fund Total:	\$2,420.00	Select Decision ▾	<input type="text"/>
<a href="#">GTA/GRA Hlth Couns Fee Schol</a>	Offered	Autumn Quarter	\$158.00		
	Offered	Winter Quarter	\$158.00		
	Offered	Spring Quarter	\$158.00		
		Fund Total:	\$474.00	Select Decision ▾	<input type="text"/>

Select "Accept" for the Health Ins. Scholarship

Select "Accept" for the H&C Fee Scholarship

# Accept Award Offer

After selecting “Accept” – Submit Decision

## Award Decision

Fund	Status	Term	Amount	Accept Award	Accept Partial Amount
GTA Waiver - NSM	Accepted	Autumn Quarter	\$10,278.00		
	Accepted	Winter Quarter	\$10,278.00		
	Accepted	Spring Quarter	\$10,278.00		
		Fund Total:	\$30,834.00		
GTA/GRA Health Ins. Scholar	Offered	Autumn Quarter	\$1,210.00		
	Offered	Spring Quarter	\$1,210.00		
		Fund Total:	\$2,420.00	Accept	
GTA/GRA Hlth Couns Fee Schol	Offered	Autumn Quarter	\$158.00		
	Offered	Winter Quarter	\$158.00		
	Offered	Spring Quarter	\$158.00		
		Fund Total:	\$474.00	Accept	

Click “Submit Decision”  
Then, you are done!

Submit Decision