



FINANCIAL AID AUTHORIZATION FORM

Name: _____ Last 4 digits of your SS#: _____

By signing this form, I signify that I have read and agree to comply with all of the terms and conditions listed below. This authorization will be applicable for the 2010-11 academic year.

1. I must be enrolled in a degree or diploma program to receive Financial Aid.
2. I must meet the Satisfactory Academic Progress as described in the College catalog to continue to receive Financial Aid. If at any point throughout the academic year it is determined I am not meeting this requirement, my Financial Aid Awards will be revised.
3. Awards are contingent upon actual receipt of funds by Cabarrus College. If adjustments are made to the College’s Federal or State allocations, the College reserves the right to make adjustments to individual aid awards. Refunds, if any, will not be sent until the fund sources are actually received by the College.
4. I must be enrolled in at least six credit hours in my program’s courses to be eligible for a Direct Loan.
5. If I am receiving a Direct Loan, I am required to complete both the Entrance and the Exit counseling sessions.
6. If I receive a Direct Loan, funds will be credited directly into my student account. After all charges are paid, my remaining credit, if any, will be disbursed to me in a check. The check will be mailed to the current address that is on my student account. Cabarrus College does not disburse any checks directly to the student or parent; all checks are mailed from Carolinas HealthCare System.
7. I must notify the Financial Aid Office if I decide to withdraw from the College, or drop classes. Awards may be adjusted and I may be required to repay financial aid I received.
8. I am required to sign a new award letter if my awards change. The Financial Aid Office will contact me by putting a note in my college mail box. I MUST respond within the time given or the award will be removed and I will owe any balance on my account.
9. I may be required to participate in scholarship and grant events or write thank you notes for awards.
10. I understand that by law, any parent who can show that I was claimed as a dependent on his or her most recent federal income tax return may request my information.
11. I understand that the use of a bookstore voucher signifies my agreement to use financial aid to cover the book expense. If reductions of awards occur, I agree to pay any outstanding balance for books purchased.
12. I authorize Cabarrus College of Health Sciences to disclose information regarding my financial aid and student account information to the following people:

Name: _____ Relation to Student: _____

Name: _____ Relation to Student: _____

Signature

Date