

Hondros College

Financial Aid Disbursement Authorization Form

To enable Hondros College to disburse your financial aid in accordance with federal regulations, please affirm by the following by initialing next to each statement and signing below.

If I have been awarded funds from any of the Federal Student loan programs, I must notify the financial aid office 10 days before the scheduled disbursement date if I want to cancel all or a portion of my loan. I also understand, any canceled amount will be returned to my lender thereby, reducing my outstanding loan balance.

Further, I understand that I must maintain satisfactory progress according to the school's policy (see school catalog) in order to be eligible for the funds to be disbursed as scheduled. If I withdraw or drop out before completing the academic period or drop to less than halftime status for the academic period for which my award was intended, I understand that I may no longer be eligible to receive any Federal Funds; and, if I have a credit balance it may be used to satisfy any funds owed the U.S. Department of Education as a result of my withdrawal from school.

I understand that receipt of the award(s) is contingent upon the school receiving these funds from the Federal Government and that change in Federal Laws or regulations could alter the amount now being offered to me. I understand my responsibilities as I accept this aid and realize if I have any questions I can contact my financial aid office.

CURRENT ALLOWABLE CHARGES:

_____ I authorize Hondros College to use any federal financial aid awarded to pay all allowable obligations to Hondros College. I understand that Title IV aid must apply toward my tuition and mandatory fees. But I also authorize Hondros College to apply my aid to any other obligations such as registration fees, books, etc.

_____ Prior Term Charges: I authorize Hondros College to apply federal financial aid funds to minor prior-term and year charges. Prior term charges not to exceed \$2500 and prior award year \$200 as federally mandated.

_____ Disbursement of excess Financial Aid: I authorize Hondros College to release my funds thru the US Bank AccelaPay Card method. I know and understand that this does not provide me with an account at US Bank; however it does provide me with a Prepaid Debit Card where my funds will be automatically deposited in accordance with Federal Law. I also acknowledge that I have received the information concerning the use of the US Bank AccelaPay Card, I understand that a paper check will not be issued to me for any account balances, and I will abide by the rules and regulations outlined in the information provided.

TERM & YEAR of START Fall _____ Winter _____ Spring _____ Summer _____

STUDENT INFORMATION *(please print clearly)*

_____ - _____ - _____
LAST NAME *FIRST NAME* *M* *SOCIAL SECURITY #*

_____ _____ _____ _____
ADDRESS *CITY* *STATE* *ZIP*

_____ - _____ - _____
PHONE NUMBER *DATE OF BIRTH*

Student Signature

Date