



ST. VINCENT'S COLLEGE

2800 MAIN STREET ♦ BRIDGEPORT, CT 06606-9921 ♦ 1.800.873.1013

WWW.STVINCENTSCOLLEGE.EDU

SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER

Title IV Authorization

The Federal Government requires St. Vincent's College to notify students of issues regarding the acceptance and disbursement of financial aid, and gives the student the opportunity to authorize the use of excess Title IV funds. The information provided below fulfills this requirement.

- ❖ Your financial Aid Award Letter states the amount of funds you and/or your parent(s) (for dependent students) can expect to receive. Each available source of aid is identified. The award letter states the amount of funds the student and/or parent (for dependent students) can expect to receive. Each available resource is identified. These funds will be paid to the student account as they are disbursed to cover current year charges. Changes to your enrollment may affect changes to your eligibility and disbursement.
- ❖ All funds are disbursed on a semester/period of enrollment basis. For a student whose financial aid file is complete, disbursement shall take place no earlier than 14 days after the start of the semester/period of enrollment. For the student whose financial aid file is not complete, disbursement shall take place no earlier than fourteen days of the completion of their file.
- ❖ The student and/or parent(s) have the right to cancel all or a portion of a student loan or loan disbursement and have the loan proceeds returned to the holder of the loan. The student and parent (for PLUS loans) may decline the loan notification.
 - The student authorizes St. Vincent's College to apply Title IV funds, state grants and/or St. Vincent's College funds to other current year charges for educationally-related activities in addition to tuition and fees.
 - The student authorizes St. Vincent's College to apply Title IV funds to pay prior-year charges for educationally-related activities. The amount applied shall not

exceed \$200. The student will need to arrange for payment of any additional amount owed prior to continued enrollment.

- The student authorizes St. Vincent's College to hold Title IV funds in excess of educationally-related charges. Funds may be left on the student account to help pay for the next semester, but must be removed by the last date of enrollment for that academic year.

I understand that this authorization is in effect for my entire period of continuous enrollment at St. Vincent's College and will automatically be canceled ninety (90) days from the day enrollment ended. I also understand that I can cancel or modify this authorization at any time.

If you are eligible to receive excess funds beyond the direct cost of tuition and fees please indicate how you would like to handle those excess funds below:

— RETURN. I would like to have any excess funds returned to the lender (initial here_____)

— HOLD. I would like to have excess funds held on my account (initial here_____)

— WAIVE. I would like to receive a refund of any excess funds (initial here_____)

Student's Name _____ ID# _____

Student's Signature _____ Date _____

Please sign and return this form to St. Vincent's College Financial Aid Office or Mail to: St. Vincent's College Attn: Financial Aid, 2800 Main St, Bridgeport, CT, 06606 OR fax the completed document to: 203-576-5318