

## FINANCIAL AID OFFICE

110 John Scott Hwy., Steubenville, OH 43952 (740) 266-9992 (Phone) Main Campus (330) 480-0726 (Phone) Youngstown Campus (740) 266-2991 (Fax) Main Campus (330) 480-0817 (Fax) Youngstown Campus www.egcc.edu

## 2019-2020 **DEPENDENT STUDENT & PARENT AUTHORIZATION FORM**

Please read the following and indicate whether you authorize or do not authorize the use of financial aid funds.

## STUDENT AUTHORIZATION

## **Authorization I**

Federal regulations state that Eastern Gateway Community College is authorized to use the financial aid Title

	as tuition (instructional and general fees), application fee, lab/material and
I authorize	I do not authorize
incurred and will be responsible for p	nuthorize," I will be responsible for paying direct institutional charges as they are aying these charges or making payment arrangements with the Business Office ned and I am cleared to attend classes.
Authorization II	
funds to cover other allowable ch fees, graduation fees, bad check c	o authorize Eastern Gateway Community College to use your financial aid larges, which include, but are not limited to, bookstore charges, preschool harges, tutoring, etc. In order for Eastern Gateway Community College to pay for other allowable charges, you must authorize EGCC to do so by ang it to the Financial Aid Office.
I authorize	I do not authorize
	nuthorize," I will be responsible for paying discretionary charges as they are incurre ese charges or making payment arrangements with the Business Office before my

d registration will be confirmed and I am cleared to attend classes.

By signing this form, you indicate that you understand the following:

- If I receive federal financial aid funds, I must attend all classes for which I have enrolled. If 1. attendance cannot be verified, I understand that I may receive a bill for all federal funds disbursed.
- 2. As a financial aid recipient, I should check with the financial aid office before dropping/withdrawing from any classes or changing my schedule in order to determine how those changes may affect my financial aid. I also understand that if I withdraw from all of my classes before the completion of more than 60% of the semester (official or unofficial), I may receive a bill based on the Return of Title IV Funds Policy. A copy of the Return of Title IV Funds policy is available at the financial aid office or online at EGCC's web site.

3. I must comply with the Satisfactory Academic Progress Policy. The policy is outlined in the college's catalog and is also available online at <a href="https://www.egcc.edu">www.egcc.edu</a>. The terms are also provided in the student award letter.

My signature on this form certifies I acknowledge the response provided above allowing EGCC to use my financial aid to pay for expenses (beyond tuition and fees). I have read and understand this information. I understand that this Authorization is valid only for the 2019-2020 financial aid year and may be withdrawn at any time. I must notify the Financial Aid Office in writing should I decide to rescind this authorization.

PARENT AUTHORIZATION		
Parent Authorization I		
Plus Title IV funds for Tuition, Fees, Books	ay Community College is authorized to use the Federal Parent, Supplies, Special Fees, etc. for which your parent(s) are eligible ges, such as tuition (instructional and general fees), application k below:	
My parent authorizes	My parent does not authorize	
institutional charges as they are incurred and will	uthorize," that my parent(s) or I will be responsible for paying direct be responsible for paying these charges or making payment registration will be confirmed and I am cleared to attend classes.	
Parent Authorization II		
funds to cover other allowable charges, whic fees, graduation fees, bad check charges, tuto	Eastern Gateway Community College to use your financial aid the include, but are not limited to, bookstore charges, preschool oring, etc. In order for Eastern Gateway Community College to the allowable charges, you must authorize EGCC to do so by Financial Aid Office.	
My parent authorizes	My parent does not authorize	
	uthorize," my parent(s) or I will be responsible for paying discretionary ble for paying these charges or making payment arrangements with the firmed and I am cleared to attend classes.	
Certification and Signatures		
1 0 0	that all of the information reported on it is complete and correct. misleading information on this worksheet, you may be fined, be	
Print Student Name	Student ID Number or last four digits of SSN	
Student Signature	Date	
Print Parent Name		

Date

Parent Signature