Financial Aid Authorization Form

NO FINANCIAL AID WILL BE PAID UNTIL THIS FORM IS SIGNED AND RETURNED

Name ___________________________ ID # ___________________________

My signature below indicates that I have read, agree and understand that:

♦ Aid offered that is federally or state funded is subject to change.
♦ I authorize funds received first be used to meet any obligations to the College. If funds are available after covering tuition and fees, payments for other outstanding debts to this College will be made. Remaining balances are refunded through Direct Deposit.
♦ I must ensure that for any college or university I have attended, transcripts are on file and evaluated by the EPCC Admissions Office prior to any financial aid being disbursed.
♦ Awards are CONDITIONAL pending meeting Satisfactory Academic Progress (SAP) requirements and that The Financial Aid Office reserves the right to review and cancel awards for failure to meet SAP criteria. For more information on SAP go to: http://www.epcc.edu/FinancialAid/Pages/EligibilityRequirements.aspx#SatisfactoryAcademicProgress
♦ Amounts are based on full-time enrollment (12 or more credit hours). Some awards may require full-time enrollment. Other programs will be adjusted for enrollment of less than full-time. Certain certificate programs require credit to clock hour conversion.
♦ Outside resources such as service awards, or payment received from an outside agency may affect my financial aid. I am responsible for notifying the Financial Aid Office if I receive additional funds at anytime so that adjustments can be made to avoid possible over awards.
♦ I must maintain minimum course load requirements; failure to do so may result in repayment of aid received. Depending when I withdraw, I may be required to return all or part of the Financial Aid awarded.
♦ If I have not attended EPCC in the past 12 months, I must reestablish residency at the Admissions Office before reenrolling.
♦ I authorize the release of information to donors or potential donors of any scholarships for which I may be eligible. Furthermore, I authorize the publication of any scholarship award I may receive.
♦ It is my responsibility to inform The Financial Aid Office of any financial aid status changes in the future.

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substance Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

No______ Yes______ If yes, please contact the Financial Aid Office to reevaluate your eligibility.

_______________________        _______________  ________________
Signature                Date

The El Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity.

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