



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

2020-2021
STUDENT AUTHORIZATION FORM

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

Authorization I

Federal regulations state that Eastern Gateway Community College is authorized to use the financial aid Title IV funds Tuition, Fees, Books, Supplies, Special Fees, etc. for which you are eligible to pay towards your direct institutional charges, such as tuition (instructional and general fees), application fee, lab/material and technology fees. Check below:

I authorize **I do not authorize**

I understand by checking, "I do not authorize," I will be responsible for paying direct institutional charges as they are incurred and will be responsible for paying these charges or making payment arrangements with the Business Office before my registration will be confirmed and I am cleared to attend classes.

Authorization II

Additionally, the law allows you to authorize Eastern Gateway Community College to use your financial aid funds to cover other allowable charges, which include, but are not limited to, bookstore charges, preschool fees, graduation fees, bad check charges, tutoring, etc. In order for Eastern Gateway Community College to apply your financial aid funds to pay for other allowable charges, you must authorize EGCC to do so by completing this form and returning it to the Financial Aid Office.

I authorize **I do not authorize**

I understand by checking, "I do not authorize," I will be responsible for paying discretionary charges as they are incurred and will be responsible for paying these charges or making payment arrangements with the Business Office before my registration will be confirmed and I am cleared to attend classes.

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

1. If I receive federal financial aid funds, I must attend all classes for which I have enrolled. If 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 www.egcc.edu. 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 2020-2021 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.

Certification and Signatures

The person signing this worksheet certifies that all of the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Print Student Name

Student Signature

Student ID Number or last four digits SSN

Date