



Please print in blue or black ink.

Last Name _____ First Name _____ MI _____

Social Security Number _____ Student ID Number _____

There are specific federal and state requirements you must follow to keep your financial aid award and maintain your future eligibility. It is important for you to understand these requirements. Please read and indicate your acceptance at the end of this document.

Program of Study

Your program of study is the degree or certificate you plan to work on while attending. You are required to choose and work on a program of study that is offered at the college you are attending. We report your program of study to the Department of Education, and the amount of aid you receive while working on your program is monitored by the Department of Education. Your program of study must be approved to receive financial aid funding. You must notify the Financial Aid Office if you plan to change your program of study. Federal regulations will not allow the payment of courses that fall outside of the academic requirements for your program of study. This means that you may have to pay out of pocket for some or all of your tuition if your classes do not apply to your Program of Study.

Census Dates

Adding and dropping classes prior to the census date may change your award eligibility and affect future financial aid eligibility. Enrollment levels will not be adjusted for classes added after the census date which is the 10th school day for fall, winter, spring, and 8th school day for summer.

Financial Aid Refunds

Community Colleges of Spokane has partnered with BankMobile to deliver your financial aid refund. For more information about BankMobile, visit This link: <https://bankmobiledisbursements.com/how-it-works/>.

Student Authorizations

I understand if I miss the Financial Aid Priority Deadline I am responsible to pay my tuition or officially withdraw from all of my classes, failure to do so may result in institutional withdraw or institutional charges.

By signing below I acknowledge that I have read the CCS Satisfactory Academic Progress Policy and I understand that my continued financial aid eligibility will be contingent upon maintaining satisfactory academic progress each quarter of enrollment. I understand that this policy applies to ALL periods of enrollment whether or not I previously received financial aid.

I authorize SCC and SFCC to use any financial aid awarded to me to pay tuition and fees associated with my registration.

I authorize SCC and SFCC to use post withdrawal disbursements (Federal Title IV funds earned but not received at the time of withdrawal) to pay for current outstanding charges and/or to pay down my outstanding loan balance.

I understand that I may contact the Financial Aid Office to modify or rescind any or all authorizations listed above. If I rescind an authorization, funds will be disbursed directly to me or my parents and I will be obligated to pay all debts owed to SCC and SFCC.

I understand that outstanding debt obligations will prevent me from future SCC and SFCC registration and release of official SCC and SFCC transcripts.

I understand that my financial aid award is based on the information in my file at the time the award is made. If additional documentation is requested/received that changes my eligibility, I acknowledge that I am responsible for any amounts due as a result of the change.

I understand that my financial aid award offer is subject to availability of funds and CCS reserves the right to withdraw, reduce, or modify the award due to funding limitation, state or federal regulations or changes of circumstances.

I voluntarily consent to participate in electronic transactions. I understand that I can rescind this by going to the Financial Aid Office to complete required forms.

I give CCS Financial Aid Office(s) permission to release, request and/or verify information to agencies in order to secure funds for financing my education.

Certification: By signing below, I understand and agree to the above outlined CCS Financial Aid Contract. I declare that the information submitted is true and complete to the best of my knowledge. I give the CCS Financial Aid Office(s) permission to release, request and/or verify information to agencies in order to secure funds for financing my education.

Student Signature _____

Date _____

Spokane Community College

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Fax: 509-533-7425 • Website: www.scc.spokane.edu
E-mail: fscc@scc.spokane.edu

Spokane Falls Community College

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E-mail: sfcc.finaid@sfcc.spokane.edu