



Authorization of Title IV Funds Statement of Certification and Educational Purpose

Please read this form carefully. If you are receiving or anticipating receiving federal aid, state aid, institutional grants and/or scholarships please sign below and return this form to the Financial Aid Office.

NAME _____ ID# X _____
(Print Name)

Authorization of Title IV Funds

- ❖ I authorize South Florida Community College to use my Federal Title IV funds to pay my non-institutional charges (e.g. bookstore charges, parking decals, library fines, short term loans, and other expenses). This authorization shall remain in effect for the entire period during which I am enrolled at the institution.
- ❖ I understand that this authorization can be rescinded at any time by submitting written notice to the Financial Aid Office.
- ❖ I understand that this authorization on the use of funds is not mandatory for non-institutional charges but it is mandatory for institutional charges.
- ❖ I authorize SFCC to use Title IV funds to pay prior term or prior year balances.
- ❖ I authorize SFCC to hold credit balance (money due to me) resulting from Title IV funds.

Statement of Certification and Educational Purpose

- ❖ I understand that my financial aid awards are made based on need calculated from the information provided on the FAFSA, and that in order to calculate need, a budget is developed based on full time attendance and housing status. I also understand that need based aid requires that all sources of aid be reported and that the total of all awards not exceed calculated need.
- ❖ I acknowledge that I must inform the Financial Aid Office of changes to my enrollment status and of all funding I receive from other sources. I further acknowledge and understand that changes of this type may require adjustments to my financial aid awards.
- ❖ I understand that in order to be eligible for financial aid, I must be fully admitted as a regular student with no contingencies. Awards will be determined and tuition and fees will be deferred; however, nothing will be paid until contingencies are met.
- ❖ I understand that I must adhere to the SFCC Satisfactory Academic Progress Standards to gain or retain my eligibility for financial aid and meet all other criteria for any scholarship(s) received.
- ❖ I understand the disbursement process will deduct all debts owed to the College from my financial aid, including the Title IV funds. Funds I receive not subject to disbursement, I give the College permission to use these funds to pay my remaining debts. I understand that financial aid funds in excess of what I owe the college will be sent to me in the form of a check.
- ❖ I understand that if I receive any Federal Title IV funds (Pell Grant, Supplemental Opportunity Grant (SEOG), any Stafford Loans, or PLUS Loan) and withdraw or stop attending classes prior to completing at least 61% of the period in which I enrolled, I will be required to repay the unearned portion back to the federal program.
- ❖ I certify that I do not owe a refund on any grant nor am I in default on any loan, and I have not borrowed in excess of the loan limits under the Title IV programs at any institution.
- ❖ I certify that I will use any money I receive under State of Florida programs, SFCC Foundation Scholarship and any institutional grants only for expenses related to my attendance and program of study at SFCC.
- ❖ I certify that I have read and fully understand the requirements for financial aid and that I am responsible for the completeness and accuracy of the information I have provided.

SIGNATURE _____ DATE _____