



FINANCIAL AID AUTHORIZATION FORM

Payment for your tuition, activity fees, and general fees will be taken from any financial aid funds you are awarded for the academic year. Per federal regulations, the school will need your permission to deduct any charges other than tuition and fees from your federal financial aid awards. If you would like to use these funds to receive a book voucher and/or to pay for a meal plan, West Suburban College of Nursing will need your authorization to do so.

PLEASE READ CAREFULLY

Indicate your choice by placing your initials in the appropriate box.

Initials

I authorize West Suburban College of Nursing to apply any financial aid funds toward the payment of all current tuition, fees, book voucher, and/or meal plans for the entire period I am enrolled at West Suburban College of Nursing. "Current" on this document means within the academic year you are presently enrolled. **I can refuse authorization for the book voucher or meal plan by placing a check in the appropriate box with my initials.** Any box checked and initialed, I will provide payment with my own financial resources if applicable.

I **authorize** all charges to be taken from my financial aid funds **except**:

Book Voucher _____

Meal Plan _____

OR

OR

Initials

I want my financial aid funds to pay tuition activity fees, and general fees only. I understand I am responsible for any other unpaid charges that may occur while attending West Suburban College of Nursing. I understand I will have to purchase my books and/or meal plan with my own financial resources.

NOTE: This authorization is valid for the entire period which you are enrolled at West Suburban College of Nursing. You may rescind this authorization by contacting the Financial Aid Office and completing a new authorization form. Rescission of this authorization is valid as of the date received and is not retroactive.

Student's Printed Name:

Last Name

First Name

Middle

Student's Signature

____/____/____
Date

This form is to be submitted to: West Suburban College of Nursing
Office of Financial Aid, Room 303
3 Erie Court
Oak Park, Illinois 60302
Phone: 708 763-1426

Last Updated 4/28/09