

## **Financial Aid Notification Form**

(To Be Completed By the Home Institution's Financial Aid Office)

Please complete this form when the student's aid for the term mentioned is known. This form must be completed and received by our office 90 days prior to voyage departure so that we have the student's financial aid information prior to departure.

| Student Name:   |   | SAS ID:  |                           |
|---|---|--|---------------------------|
| Home Institution:   |   | Voyage:  |                           |
| I give my home institution permission to rel  | ease information regarding my   | financial aid file and eligibility                                   | to Semester at Sea (SAS). |
| By signing this form, I accept full responsib<br>are disbursed directly to me and/or if I recei<br>pay SAS directly. Any amount not deferred<br>received by SAS within two weeks of the di  | ve less financial aid than is list<br>must be paid to SAS in full by              | ted below, it is my responsibility                                   | to make arrangements to   |
| Signature   | Date_   |  |                           |
| SOURCE  | Amount Approved & Finalized Aid Ready for Disbursement                            | Amount Aid Pending Further Action, Paperwork or Federal Verification |                           |
| Pell Grant  | \$  | \$   |                           |
| Subsidized Stafford/Direct Loan   | \$  | \$   |                           |
| Unsubsidized Stafford/Direct Loan   | \$  | \$   |                           |
| Parent PLUS Loan  | \$  | \$   |                           |
| FSEOG   | \$  | \$   |                           |
| State Grant   | \$  | \$   |                           |
| Institutional Scholarship/Grant   | \$  | \$   |                           |
| Private Scholarship/Grant   | \$  | \$   |                           |
| Private/Alternative Loan  | \$  | \$   |                           |
| Other (Please specify source)   | \$  | \$   |                           |
| Total Funds   | \$  | \$   |                           |
| The above funds will be disbursed to the massemester at Sea Student  The check will be made payable to the follows Semester at Sea Student  Please Note: If no disbursement date information disbursement, we cannot credit the financial | Parent wing party (Please indicate if j Parent hation is given or if the funds of | ointly payable):<br>are not indicated as approved, fi                | nalized and ready for     |
| Home Institution Representative Signature   | Date Phone Nur  | Phone Number (Direct Line)   |                           |
| rinted Name and Title E-mail Address  |   |  |                           |