Financial Aid Deferment Form

Student Name: ____________________________

Student ID: ____________________________

Program: ____________________________

This form is designed to provide SSA with the necessary information to defer a portion of the student’s program cost until their financial aid is processed and disbursed. This form MUST accompany a signed consortium agreement.

AID AWARD

1. Total amount of aid awarded for the enrolled program__________________________
   *If the aid awarded is for two or more semesters, list the aid awarded for each semester separately.

2. Is a Parent-Plus Loan included in the aid amount listed above: _____YES _____NO
   *If YES, Indicate the amount of the parent plus loan __________________

3. Anticipated Disbursement Date of Aid: ____________________________

4. Aid Award will be disbursed to:
   *Check all that apply
   ___ Student
   ___ SSA
   ___ Other: ____________________________

5. When the situation arises where the aid received and paid to SSA is greater than the remaining program costs, the excess funds should be returned to:
   ___ Student
   ___ Home Institution
   ___ Other: ____________________________

The information provided above is accurate to the best of my knowledge. I will notify SSA of any change before the start of the program.

Name of Institution ____________________________

Signature of Authorized School Official ____________________________

Print Name: ____________________________

Title: ____________________________

Phone #: (____)____________________, Ext. # __________

Date: ____________________________

Return completed form to info@spanishstudies.org