



Financial Aid Deferment Form

Payment Deferment for Financial Aid Recipients is valid for 45 days into the semester - STUDENTS NEED TO ACCEPT FINANCIAL AID AND COMPLETE ALL REQUIRED DOCUMENTATION INCLUDING MAKING PAYMENT ARRANGEMENTS FOR OUTSTANDING BALANCE AFTER FEDERAL AID IS APPLIED PRIOR TO THE START OF CLASSES MAY BE ASSESSED A SERVICE FEE OF \$50.00

<u>Student Data</u>	
Name: _____	Student ID: A _____
Current Address: _____	DOB: _____
City: _____	State: _____ ZIP: _____
Phone: _____	Email: _____ @ _____
Current Employer: _____	Work Phone: _____
<u>Personal References</u>	
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____
ATTENTION: THIS DEFERMENT IS A DEBT THAT MUST BE REPAYED	
<p>1. Prior to the start of each semester a payment plan can be established on-line with Nelnet (FACTS) through the Business Office webpage for the remaining balance after you subtract your estimated Financial Aid listed above. Federal Work Study (FWS) should not be subtracted as it is paid directly to the student once earned.</p> <p>2. My acceptance indicates that I fully understand that this deferment is granted pending completion of my financial aid file, verification of my eligibility, certification of satisfactory academic progress and confirmation of enrollment. I also understand that any changes in my enrollment status may result in a balance on my electronic student account statement for charges incurred at a CCSNH institution, which I am responsible to pay. If a loan is part of my financial aid award, I certify that I will complete all loan applications.</p> <p>3. Payments must be made in accordance with the terms of this deferment agreement. I understand that I am not eligible to receive transcripts, and/or diplomas until all charges have been paid.</p>	
Student Acknowledgement	
<p>I agree that by registering for courses at a CCSNH institution, I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.</p>	
Signature: _____	Date: _____
OFFICE USE ONLY: ___ Summer ___ Fall ___ Spring Staff Approval: _____ Date: _____	
Credits: _____	Tuition/Fees: _____ Total Est. Aid: \$ _____