



Financial Aid Disbursement Form

To Be Completed by the Student and the Financial Aid Office

*This form will not be considered valid unless completed and signed by both the student and a **Financial Aid Officer** at the student's Home Institution. This form must be returned not later than the student's Final Payment Due Date.*

To the student:

You must submit a financial aid "hold" check together with this form in the amount of your total anticipated financial aid award indicated in the Section II on the next page. Date the check for **one week** after the anticipated financial aid award disbursement date. Once you receive your financial aid award, email EESA at info@eesabroad.org and we will deposit your "hold" check. The "hold" check is not required only if it is indicated in Section II that the financial aid award will be issued directly to EESA. **Please complete the following table:**

With this Form, I am submitting a "hold" check in the following amount:	
\$ _____, _____ . _____	Dated for: ____/____/____
(Anticipated financial aid award from Section II)	(One week after the financial aid disbursement date)
I understand that EESA will deposit the "hold" check on or after the date designated above.	

SECTION I: Release of Student Financial Aid Information-To be completed and signed by the Student:

I, _____ (Student's Name), _____ (Student's Social Security Number)

(Student's Email Address), currently enrolled at

(Name of Home College/University)

give Eastern European Study Abroad (EESA) permission to contact the above College/University about the amount of financial aid awarded as well as the date the funds are to be disbursed to the student. I authorize the Financial Aid Officer, the Financial Aid Office or College/University to release the disbursement information requested below to EESA, and also authorize the Financial Aid Officer, Financial Aid Office or University to release and provide any information requested by EESA regarding the status of my financial aid. I also authorize the above College/University to issue payment directly to EESA.

By signing this form, I accept full responsibility for payment of all program costs for my EESA program. If financial aid funds are disbursed directly to me and/or if I receive less financial aid than is listed below, it is my responsibility to make arrangements to pay EESA directly. Any amount not deferred must be paid to EESA in full by the final payment due date. All deferred costs must be received by EESA within 10 calendar days of the disbursement. Failure to make payment in this time frame will result in your account with EESA being considered past due and EESA may pursue collection actions including but not limited to disenrolling you from the host university. In the event you complete your course work at the host university and there is an outstanding balance owed to EESA, EESA will not release your transcript(s) until your account is paid in full to EESA. I understand that if financial aid payments are not made per this timeline, I am fully liable for any outstanding fees, including any late fees. Exceptions to these policies/timelines may only be granted by the EESA Executive Director. I also understand that I am fully liable for all fees as determined by the EESA Cancellation and Refund policy in the event I withdraw from the program.

If any changes to my financial aid amounts or aid disbursement schedule occur, I am responsible for sending the revised information to EESA. I understand that I am responsible for ensuring that the fees due to EESA are paid in full, regardless of the status of any financial aid I am awarded.

Student's Signature: _____ Date: _____



SECTION II: To be completed, signed, and sent to EESA by the Financial Aid Officer

This form notifies EESA of the amount of financial aid to be awarded to the student named below. Please complete this form indicating the amount of aid that will be available to the student for the semester he/she plans to study abroad, the approximate disbursement dates and to whom the check(s) will be made payable.

Name of Student: _____

Student's Home Institution: _____

Student's Home Institution ID # _____

EESA Program Session: _____

Type of Aid: (i.e., grant, scholarship, loan - federal or alt.)	Actual amount of disbursement	Scheduled Disbursement Date	Will the check be made payable to Student or EESA?	Date check will be mailed

Total Aid: \$ _____ , _____ . _____

Financial Aid Officer:

Name & Title: _____

Telephone Number: (____) ____ - _____ **Fax Number:** (____) ____ - _____

Email Address: _____

Office Address: _____

Signature: _____ **Date:** _____

A Consortium/Contract Agreement is required. Please send the Agreement to EESA to sign and return, if applicable.

PLEASE RETURN THE COMPLETED FORM TO:

Eastern European Study Abroad
Attn: Finance Department
PO Box 204
Edwards, CO 81632-0204

Email: info@eesabroad.org