



SVCC FINANCIAL ASSISTANCE AUTHORIZATION AND RETURN OF TITLE IV FUNDS FORM

Name: _____ Student I.D.: _____

The information requested is required of all SVCC students requesting to use student financial assistance. Please read the instructions carefully and completely. Errors made while completing this form may affect your eligibility for financial assistance or timely processing of your award package

Date of Birth: _____ Phone: _____

Street Address: _____

Parent Social Security Benefits Received in 2017 (if dependent) \$ _____

Student Social Security Benefits Received in 2017 \$ _____

High School Diploma or GED on file with SVCC Admissions & Records? Yes _____ No _____

Beginning with the 17-18 school year, official High School or GED transcript must be evaluated by the SVCC Admissions & Records before financial aid can be processed.

Before issuing a refund, SVCC will apply aid for each term indicated below, to the following charges; books and supplies, parking fines, library fines, locker charges, public transportation, short term loans, graduation expenses, meal cards, and any other college charges. If you do not wish to have your financial assistance applied to these charges, please contact the Financial Assistance Office immediately.

Fall 2019 _____ Spring 2020 _____ Summer 2020 _____

INFORMATION ON WITHDRAWING FROM CLASSES

Return of Title IV Funds. As a recipient of financial assistance funds, you are also subject to the Federal Return of Funds Policy. This means that if you withdraw completely from all full-term courses at SVCC, you may be required to repay a percentage of the financial assistance that has already been awarded. If you are wishing to withdraw from classes, or decide not to attend SVCC, the official class withdrawal process must be followed up with the Admissions & Records Office.

By signing below I understand the following: Starting with the 2008-2009 academic year all correspondence after you receive your initial award letter will be through the student's **SVCC provided e-mail address**. Every student at SVCC will have an e-mail account created within 48 hours of their registration. The naming convention for your e-mail account is *first name dot middle initial dot last name @ students.svcc.edu* (john.p.doe@students.svcc.edu). To enter your e-mail account the password will be *sv and the last four digits of your Student ID Number using no spacing* (sv0000). You will be required, after entering the account for the first time, to change your password. Please visit <http://www.svcc.edu/> and choose 'Student Email' from the dropdown box labeled 'Online Services' for more information. If you encounter problems entering your SVCC e-mail address you may request assistance by calling the Information Technology Center at 1-815-288-5511 Extension 229.

CERTIFICATION

I certify that the information provided above is accurate. I understand that any person who knowingly provides false information or misrepresentation on this form may be subject to fine or imprisonment. I understand that all applicants are subject to the satisfactory academic progress, return of funds, and student loan policies administered by the Financial Assistance Office. I declare under penalty of perjury that all information reported on this application is true, complete, and accurate.

Student's Signature _____ Date _____

Sauk Valley Community College is an equal opportunity employer and is committed to an effective policy of non-discrimination and equal opportunity in all employee and student relations. Except to the extent and subject to the exemptions permitted by law, no qualified employee or student shall be excluded from the employment or educational opportunity, be denied benefits, or be subjected to discrimination on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation (as that term is defined in the Illinois Human Rights Act), marital status, handicap, military status or unfavorable discharge from military service classified as Re-3 or the equivalent thereof.