

GOSHEN COLLEGE

Federal Student Financial Aid Budgetary Assistance Agreement

College Policy

Unless otherwise requested, Goshen College credits and retains on each student's account the proceeds from financial aid to cover expenses that have or will ultimately become due for tuition, lab fees, insurance, books and supplies and any other education-related charges. Any credit balance remaining on the account will not earn interest for the student.

Student's Agreement

I understand that I will be billed each semester or term for that part of the academic year for which substantially all of the college's students are billed, and that my authorization herein permits the school to assist me in budgeting for the entire academic period for which the financial aid is provided. I understand that my financial aid will be **credited** to my account to pay tuition and any other education-related expenses that I may incur. I understand that in the event I would discontinue my program at Goshen College, **funds will be returned to any federal or institutional aid source, according to Federal guidelines.**

Student's Authorization

I hereby voluntarily **authorize**____, **do not authorize**____, **(check one)** Goshen College to retain on my student account any excess credit for expenses that may be incurred for subsequent enrollment periods. I understand that I may rescind this authorization (in writing) and receive the proceeds that may exceed my immediate expenses.

Student Signature

Date

Student's Name (Please Print)

(Student ID)

*PLEASE RETURN THIS FORM TO THE STUDENT FINANCIAL AID OFFICE

Email – finaid@goshen.edu

Fax – 574-535-7654

Mail – Student Financial Aid Office, Goshen College, 1700 South Main St. Goshen, IN 46526