



Office of Student Financial Aid
 2400 Gillionville Road
 Albany, GA 31707-3098
 Telephone 229-317-6746
 Fax 229-317-6607
finaid@darton.edu

Financial Aid Authorization and Acceptance of Award 2009-2010

Student has the right to rescind the following authorizations and acceptance of award by submitting a withdrawal of consent in writing to the Office of Financial Aid

GEORGIA'S HOPE SCHOLARSHIP PROGRAM:

Program regulations require students to authorize the use of HOPE Scholarship funds towards payment of additional expenses such as housing, meals, parking fees, and mandatory fees. If you are eligible for the HOPE Scholarship, and you wish to use any excess funds to cover other expenses, you must authorize Darton College to apply your HOPE award to pay for these charges. **You may rescind this authorization at any time prior to incurring such payment of charges, but you may not cancel it once such payment of charges has been made on your behalf.**

I acknowledge that I am not fully registered until my current term fees and any other amounts currently owed to Darton College are paid in full.

I authorize Darton College to apply HOPE Scholarship proceeds to all charges in addition to tuition and fees, that are incurred for educationally related activities, including mandatory fees not covered by HOPE, books, supplies, miscellaneous fees, charges and fines, emergency loans and other expenses.

FEDERAL FUNDS AUTHORIZATION:

Program regulations permit students to authorize use of Title IV financial aid funds for non-institutional expenses such as books and supplies, parking fines, or campus debit systems. If you are eligible for Federal financial aid in excess of tuition and fees, and you wish to use this excess to cover other charges (e.g. books, insurance, parking, laptop fees, resident life fines, etc.), you must authorize Darton College to pay these charges from your account balance. **You may rescind this authorization at any time prior to incurring such charges, but you may not cancel it once such charges have been paid on your behalf.** This authorization is valid for funds in excess of tuition and fees, based on your financial aid eligibility and enrollment status.

I authorize Darton College to apply the credit balance derived from Federal funds/aid to charges to my student account for other goods and services.

I UNDERSTAND THAT I MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS EACH SEMESTER WHILE ATTENDING DARTON COLLEGE. IF I WITHDRAW FROM ALL OF MY CLASSES, ANY FEDERAL TITLE IV FUNDS AND/OR GEORGIA HOPE FUNDS WILL BE SUBJECT TO THE RETURN OF TITLE IV REFUND POLICY REGULATIONS PUBLISHED BY THE U.S. DEPARTMENT OF EDUCATION.

I hereby accept _____ or reject _____ the financial aid award offered to me. I declare under penalty of perjury that the foregoing is true and correct.

 Student's Signature & SSN/School ID

 Date

 Print Student's Name