



PROGRAM FUNDING AGREEMENT (PFA)

Instructions: If you wish to apply Financial Aid to your interstudy Program Fees, you MUST submit this form. Ask your Financial Aid Office to complete Sections A and B. When they have done so, complete and sign Section C and return this Agreement to interstudy.

Student Name: _____

Term of Study: • Fall/Semester II • Summer
 (circle one) • Spring/Semester I
 • Full Year

interstudy Program: _____

SECTION A - Program Funding

Grants and Scholarships: _____ Please list details below...

	Spring/Semester I or Summer Amount	Disbursement Date	Disbursement Sent To:	Fall/Semester II Amount	Disbursement Date	Disbursement Sent To:
PELL Grant	\$			\$		
SEOG Grant	\$			\$		
State Grant	\$			\$		
State Scholarship	\$			\$		
College Grant	\$			\$		
Other _____	\$			\$		

Loans: _____ Please list details below...

	Spring/Semester I or Summer Amount	Disbursement Date	Disbursement Sent To:	Fall/Semester II Amount	Disbursement Date	Disbursement Sent To:
Stafford Loan	\$			\$		
Perkins Loan	\$			\$		
PLUS Loan	\$			\$		
College Loan	\$			\$		
Other _____	\$			\$		

SECTION B - Financial Aid Officer

To complete...

"I hereby certify that the student named above has applied for and been awarded the Financial Aid as detailed above."

Signature: _____

Date: _____
(Day/Month/Year)

Printed Name: _____

eMail: _____

Telephone Number: _____

Fax Number: _____

Address: _____

SECTION C - Student

To complete...

I, _____, understand that I will be receiving \$ _____ in financial aid for the Fall Semester/Semester II / Spring Semester/Semester 1 / Full Year / Summer (Please circle).

This money will be used to pay my interstudy Program Fees at _____ (interstudy Program).

I hereby certify that I have read and agree to the Conditions of Enrollment as stated in the interstudy application. I authorize my home institution to disburse my financial aid, detailed above, to interstudy.

If I receive any or all of the Financial Aid myself I will immediately forward such amounts to interstudy. Should the amount of Financial Aid awarded to me be less than my interstudy Program Fees then I understand that I am responsible for the balance. I also understand that my transcript will not be released until I have paid my interstudy Program Fees in full.

Student Signature: _____

Date: _____
(Day/Month/Year)

