



# UNIVERSITY SUPPLEMENT FOR FINANCIAL AID 2009-2010

Return completed form to: **Office of Student Financial Aid**  
**Box 2328**  
**Huntsville TX 77341-2328**  
**936.294.1774 office**  
**936.294.3668 fax**

**SCHOOL CODE 003606**

Official communication is through your SHSU student e-mail account so please check it often for updates.  
 You may view your financial aid status online at <http://ww2.shsu.edu>.

Applicant Name: \_\_\_\_\_ SSN/SAMID: \_\_\_\_\_

**FINANCIAL RESOURCES**

List any resources received, such as Vocational Rehabilitation, ROTC awards and stipends, Veteran Educational benefits, tuition waivers or tuition reimbursements benefits, exemptions, or other scholarships to be used toward your cost of education while attending SHSU. If you receive scholarships or benefits after completing this form, you are responsible for informing the Student Financial Aid Office in writing of the type and amount of the award.

<u>TYPE</u>	<u>FALL AMOUNT</u>	<u>SPRING AMOUNT</u>

**ACKNOWLEDGMENTS**

- o Available authorized aid will begin applying to my student account five (5) business days prior to the first class day of the Fall & Spring semesters and three (3) business days prior to the first class day of the Summer I & II sessions.
- o After the auto-apply dates, any aid that is received will automatically apply to my student account as long as all eligibility requirements are still met.
- o I understand that I must be enrolled at least half-time (6 hours) to receive any financial aid.
- o I understand that if I have received financial aid for both Fall/Spring and/or Summer I/Summer II and I do not enroll in either Fall or Summer I, I must contact my Financial Aid Counselor if I plan to attend in the future for potential reinstatement.
- o I understand this authorization will remain in effect throughout the current award year/period of enrollment. I have the right to rescind this authorization at any time prior to funds being applied to my student account. It is also my responsibility to provide the Financial Aid Office with my written request for cancellation of this authorization and/or any financial aid awards ten (10) business days prior to aid disbursement

**STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION STATEMENT**

I certify:

1. I will use all Title IV money received only for expenses related to *my* study at Sam Houston State University.
2. I do not owe a refund on any grant, I am not in default on any loan, and I have not borrowed in excess of loan limits, under the Title IV programs, at any institution.
3. The information on this form is true and correct.
4. I have read and understand the steps I must follow to apply for financial aid at SHSU.
5. I have read and understand the Satisfactory Academic Progress Policy and the Program Eligibility requirements pertaining to my eligibility and continued eligibility for financial aid at SHSU. (*SAP Policy is available under "Forms" on our web site at [www.shsu.edu/fao](http://www.shsu.edu/fao)*).
6. I understand that I cannot receive financial aid simultaneously from two separate colleges or universities for the same enrollment period.
7. I understand if I am awarded, the Office of Student Financial Aid may adjust those award(s) for any of the following reasons: eligibility errors are discovered; funds are not available; to prevent any overaward if other unreported resources are received after I am awarded; or any changes in board plan, housing accommodations, employment, resident status or number of semester hours. If any excess award funds are disbursed, due to the above mentioned changes and/or Office of Student Financial Aid error, I will be billed for the excess. If insufficient funds are disbursed, I will be responsible for repayment within the semester.

**AUTHORIZATION**

By my signature, I authorize the University to apply any scholarship, grant, or loan proceeds received by electronic funds transfer (EFT) to my student account for the payment of my current or prior- year tuition, fees, room, board or any other University debt. These charges may include any current award year and/or past due balances, such as tuition and fees, room and board, semester loans, aid rebates, and miscellaneous charges for library, parking fines, clinic fees, or NSF checks. If current year funds remain and I owe prior year debt, I authorize SHSU to use such funds to pay the prior debt. I have determined that payment of such prior charges will not prevent me from paying my current educational expenses. If the total disbursements of my aid will not cover my past due balances and my current semester charges, I certify that I will have other funds to cover the balance of my university charges.

If I do not authorize SHSU to apply my aid to my student account, I will submit a separate written statement requesting the funds to be held. The statement must be submitted to the Financial Aid Office at least ten (10) business days prior to aid disbursement. A Financial Aid Counselor will need to be contacted for disbursement instructions.

\_\_\_\_\_  
 Student Applicant's Signature

\_\_\_\_\_  
 Date