



## ***Funding Determination***

Student Name \_\_\_\_\_ Program: \_\_\_\_\_

This form is for students who wish to pay the tuition/fees/supply charges on their account in a different manner than using all Title IV Funds.

**NOTE: IF THE FUNDING AGENCY, EMPLOYERS, ETC. FAILS TO PAY THE AMOUNT INVOICES, THE STUDENT IS UNTIMATELY RESPONSIBLE FOR THE CHARGES.**

\_\_\_\_\_ I have (will) file my FAFSA and the balance on my account will be paid for as follows.

\_\_\_\_\_ I waive my rights to file my FAFSA (Title IV-Pell & Student Loans) and the account balance will be paid as follows.

Please indicate below how the charges on your account will be covered.

- Self Pay (payment plan MUST BE set up, first payment made, and all charges kept current.)
- Agency (Job and Family Services)
- Employer or Department
- Scholarship
- Parent Plus Loan
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

If you are being funded by an agency, employer, scholarship, or other, please give the contact name and address below for billing purposes.

\_\_\_\_\_  
Name of Place to Bill

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

*If you have any questions, please contact the Financial Services Office.*

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Name of Place to Bill

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Contact Name

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Address

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City

State

Zip

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Phone

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Name of Place to Bill

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Contact Name

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Address

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City

State

Zip

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Phone