



Prescott College

For the Liberal Arts, the Environment, and Social Justice

Financial Aid Disbursement Authorization for Study Abroad Participants

Instructions: Use this form to provide financial aid and payment arrangement information between the home school (Prescott College) and the host school through which you are going on a study abroad program. This form must be used in conjunction with an approved consortium agreement and authorization to take courses off campus. Provided you meet all eligibility criteria, Prescott College may process any federal and/or state aid for which you may qualify while on the study abroad program. Prescott College resources, including Prescott College grants, scholarships and campus-based funds such as SEOG and Work Study, do not apply to other school's programs. You must clearly identify where any financial aid payments should be mailed and you are responsible for ensuring that satisfactory payment arrangements are made with your host school.

Student Information *(please print)*

Last Name, First Name

Student ID

Name of Program Planning to Attend

Location of Program Planning to Attend

Name of Institution Offering the Program

Dates of Attendance (from mm/dd/yy to mm/dd/yy)

Mailing Address of Institution Offering the Program

City, State, Zip

Name of Institutional Contact Person

Student ID

Name of Program Planning to Attend

Location of Program Planning to Attend

Name of Institution Offering the Program

Dates of Attendance (from mm/dd/yy to mm/dd/yy)

Name of Institutional Contact Person

Phone Number & E-Mail of Institutional Contact Person

Should financial aid payments be forwarded directly to the address listed under Program Information? Yes No

If Yes, indicate to whom the check should be made payable to: _____

If No, please indicate the name of the recipient and the address where the payments should be mailed to:

Name of payee _____

Mailing Address

City, State, Zip

I understand I will be assessed an additional fee of \$200 for processing.

Student Authorization: By my signature below, I am authorizing Prescott College to distribute my financial aid payments in the above manner. I understand that I am responsible for ensuring satisfactory payment arrangements are made with the host institution, and for notifying the Financial Aid Office in writing of any change to my enrollment status in the study abroad program.

Student Signature _____ Date _____

Financial Aid Authorization: The Financial Aid Office affirms that the student has been packaged with the following resources.

Source of Aid Available for Study Abroad Program	Summer Amount	Fall Amount	Spring Amount
Estimated Disbursement Date			

Signature of Financial Aid Officer _____ Date _____

Printed Name/Title _____ Phone: (928) 350-1111 E-mail: finaaid@prescott.edu

Business Office: Assess \$200 Study Abroad Fee _____ completed _____ initiated