

**Sowela Technical Community College
Financial Aid Authorization Form**

Last Name _____ First Name _____ Campus ID or SSN _____
(Please Print) (Please Print)

Date of Birth _____ Home Phone _____ Cell Phone _____

Section A. Important Financial Aid Information

_____ I understand that the Financial Aid office communicates with me via email and I understand it is my responsibility to read my SOWELA student email regularly as well as the email address I entered on my FAFSA. I also understand if I do NOT wish to receive my Financial Aid communications and award notifications via email, I may submit a request in writing to the Financial Aid Office (address below).
(Initial)

By my signature below:

- I acknowledge and understand that if I resign or stop attending classes (Officially or unofficially) before completing more than 60% of the semester, I will owe money to the federal aid program(s) and/or SOWELA.
- I have read and understand the SOWELA Policy for Financial Aid **Satisfactory Academic Progress** (SAP) (available online at www.sowela.edu/financialaid.asp or you may request a copy from the Financial Aid Office). I understand that I must comply with this policy in order to be eligible and maintain eligibility for federal financial aid at SOWELA.
- I understand that dropping courses or resigning from the College may affect my financial aid eligibility. It is my responsibility to check with the Financial Aid Office prior to dropping courses or resigning from the College.
- I understand that the SOWELA Financial Aid Office may, at any time, verify the information I submit on my federal financial aid application and that any errors and/or conflicting information discovered during the process of verification must be corrected. I certify that I will allow the SOWELA Financial Aid Office to make the necessary corrections to my financial aid application.
- I understand that I may **NOT** receive Title IV aid (Pell Grant, SEOG, Federal Work-Study) at two schools **at the same time**. I certify that I am not receiving federal aid at another school while receiving aid at SOWELA.
- I certify that I have read the information provided on LOLA and have been notified of the requirements to keep my financial aid eligibility (also available at www.sowela.edu/financialaid.asp or you may request a copy from the Financial Aid Office) and understand the information contained therein, pertaining to Cost of Attendance and Satisfactory Academic Progress and have asked for help on topics that I did not understand.

Signature: _____ Date: _____

Section B. Authorizations

SOWELA uses a system of applying awards to the charges of eligible students. SOWELA **automatically** applies Title IV awards to tuition and fees. The student may authorize SOWELA to apply Title IV awards to other educational charges incurred, such as books, parking tickets, library fines, prior-semester balances, prior-year balances, etc.

If the student account has a credit balance, SOWELA will pay the credit balance to the student in accordance with the SOWELA refund policy unless the student authorizes **(in writing- to address below)** SOWELA to hold the credit balance for future charges.

By my signature below, I AUTHORIZE SOWELA to apply Title IV awards to *non-institutional charges* such as:

- Books, Return of Title IV funds, library fines, parking tickets,
- Placement tests, parking permit,

By my signature below, I AUTHORIZE SOWELA to apply Title IV awards to *other educational charges* such as:

- Prior semester balances from same award year, miscellaneous fees, etc...
- Minor prior-year charges, (less than \$200)

Furthermore, by my signature below, I understand that I may revoke any individual item or all of these authorizations at any time by submitting to the Financial Aid office, in writing, my request to revoke these authorizations.

Signature: _____ Date: _____

This authorization will remain in effect for each subsequent payment period unless you withdraw it. This authorization may be withdrawn at any time by providing a written request to the following address:



Lake Charles, LA 70615
Phone: 337-421-6545 Email: Financialaid@sowela.edu
www.sowela.edu/financialaid.asp

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title: Compliance Officer
Address 3820 Sen J Bennett Johnston Ave
Telephone No.: 337-421-6565 or 800-256-0483
Email: complianceofficer@sowela.edu