



**INSTRUCTIONS:** Return this completed application to the Arkansas State University Mid-South Financial Aid Office to determine what programs apply to you. **All of the following information is required.**

Name: \_\_\_\_\_  
*Last* *First* *Other previously used names*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: (P.O. Box): \_\_\_\_\_  
(Street Address): \_\_\_\_\_ (Apt. #) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will this be your first year at ASU Mid-South (do not include concurrent hours)?  Yes  No

Are you currently incarcerated?  Yes  No

**Degree Being Sought:**

- Associate of Arts (*for students who plan to transfer to a 4-year college*)
- Associate of Applied Science
- Technical Certificate
- Certificate of Proficiency\*
- Not seeking a degree (**NOT** a Pell Grant eligible degree program)

*\*Please visit with a Financial Aid staff member to determine if your CP is eligible for Pell funding.*

**Financial Aid requires copies of transcripts from each college (other than ASU Mid-South) attended.**

<i>For Office Use Only: EFC</i> _____	<i>ASUM Transcripts</i> _____	<i>NSLDS Grant Overview</i> _____
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Federal regulations state that Arkansas State University Mid-South is authorized to use the financial aid funds for which you are eligible to pay towards your direct institutional charges, such as tuition (instructional and general fees), application fee, lab/material and technology fees. Additionally, the law allows you to authorize Arkansas State University Mid-South to use your financial aid funds to cover other allowable charges, which include, but are not limited to, bookstore charges, preschool fees, graduation fees, bad check charges, tutoring, etc. In order for Arkansas State University Mid-South to apply your financial aid funds to pay for other allowable charges, you must authorize ASU Mid-South to do so by completing this form and returning it to the Financial Aid Office.

- YES**, I authorize Arkansas State University Mid-South to use my financial aid funds to cover all fees and charges including, but not limited to, bookstore charges, graduation fees, bad check charges, etc.
- NO**, I do not give Arkansas State University Mid-South authorization to use my student financial aid to pay ALL charges placed on my student account in the ASU Mid-South Finance Office. I understand that I will not be permitted to charge in the college bookstore against my credit balance.

Your signature on this form also indicates that you understand the following:

1. If I receive federal financial aid funds, I must attend all classes for which I have enrolled. If attendance cannot be verified, I understand that I may receive a bill for all federal funds disbursed.
2. As a financial aid recipient, I should check with the Financial Aid Office before dropping/withdrawing from any classes or changing my schedule in order to determine how those changes may affect my financial aid. I also understand that if I withdraw from all of my classes before the completion of 60% of the semester (official or unofficial), I may receive a bill based on the Return of Title IV Funds Policy. A copy of the Return of Title IV Funds policy is available at the Financial Aid Office or online at ASU Mid-South's web site.
3. I must comply with the Financial Aid Standards of Academic Progress Policy. The policy is outlined in the ASU Mid-South Policy Handbook. It is also available online as well as in the college catalog.
4. I understand any unpaid charges will remain the liability of the debtor and will be remitted to a collection agency if not paid in full and I agree to pay all collection costs and/or legal fees associated with this debt.

*My signature on this form certifies that I acknowledge the response provided above allowing (or disallowing) ASU Mid-South to use my financial aid to pay for expenses (beyond tuition and fees). I have read and understand this information. I understand that this Authorization is valid only for the current financial aid year and may be withdrawn at any time. I must notify the Financial Aid Office in writing should I decide to rescind this authorization.*

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Print Student Name

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Student ID Number

**X**  
Student Signature

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Date