

ACC CASH MANAGEMENT FORM
Academic Award Year: _____

Printed Name

Student Identification # or SS#

Did you graduate from high school? _____ Graduation Date _____
Did you complete the GED/AHS? _____ Completion Date _____

NOTE: If you did not graduate from high school or complete the GED/AHS program, you are not eligible for federal financial aid at ACC.

Are you currently incarcerated? Yes _____ No _____

Have you or will you attend **other** post-secondary school(s) during this academic year?

YES _____ NO _____ List other schools: _____

Will you receive any private scholarships or loans from a source outside the College?

YES _____ NO _____ Please list: _____

I hereby authorize ACC to credit my financial aid award to my student account to pay for institutional charges, such as tuition and fees and miscellaneous charges, such as textbooks/supplies charges, as well as prior year charges up to \$200.00. If no funding is available or loss of eligibility is determined by ACC, I will be responsible for the charges incurred. I understand I have the option to revoke this authorization by submitting in writing to the Financial Aid Office such revocation prior to receiving any funds or charging for books. I certify that I have read, understand and agree to the information printed.

SIGNATURE

DATE

I understand that I cannot receive federal financial assistance from two or more schools for the same time period. Failure to heed this information may cause me to repay a portion of aid received and/or lose my eligibility for future aid at ACC. I certify that the information given on this form is correct and complete. I certify that I have read all policies and procedures related to the award and disbursement of federal and state aid.

**FAILURE TO RETURN THIS FORM
WILL DELAY YOUR AWARD.**