

**Study Abroad Italy
Financial Aid Verification**

If you currently receive federal, state, or institutional financial aid, you may be able to use some or all of your aid toward the cost of your Study Abroad Italy (SAI) program. This includes, but is not limited to: scholarships, grants and personal loans.

PLEASE NOTE: This form should only be completed and returned by students who plan to use financial aid monies to pay for any portion of their study abroad program.

- **Step 1:** Contact your university's financial aid office to determine if it is possible to use your financial aid toward your SAI program costs. It is important that you take the necessary steps to insure a successful transfer of monies. Find out if a "Consortium Agreement" will be required between your school and SAI.
- **Step 2:** Sign the **Consent for Release of Financial Aid Information** (see page 2). Your financial aid information cannot be released to SAI without your consent.
- **Step 3:** Have your Financial Aid Advisor complete the bottom portion of the **Consent for Release of Financial Aid Information** regarding:
 1. The amount(s) and type(s) of financial aid you will receive
 2. The date(s) your financial aid will be disbursed
 3. To whom the financial aid check(s) will be made payable to and to which address the check(s) will be mailed.
- **Step 4:** Your financial aid monies will not automatically be sent to SAI and in most cases will be disbursed directly to you. If your aid is released AFTER you have already left for Italy, it is your responsibility to make arrangements for payment to be sent to our office; this may require the assistance of a third party (e.g. your parent(s) or financial aid advisor). Please complete the **Responsible Third Party** (page 3) form if a third party will be assisting you in making payment.
- **Step 5:** Fax the completed **Consent for Release of Financial Aid Information** form (and **Responsible Third Party** form, if applicable) to: **707-824-0198**

PLEASE NOTE – It is your responsibility to insure this completed form and any amount not covered by financial aid is submitted to SAI no later than July 1st. Final payment deadline is October 15, 2012.

Questions regarding this form should be directed to: Judy Guynn-Amsler at: 800-655-8965 ext. 111

CONSENT FOR RELEASE OF FINANCIAL AID INFORMATION

To be completed by student:

I, _____ (name of participating student), hereby authorize
_____ (name of home U.S. university), to
discuss my financial aid monies (amounts and disbursements) with Study Abroad Italy.

(Student signature) (Date)

To Be Completed by the Financial Aid Advisor:

Instructions: Please complete and return this form to Study Abroad Italy (SAI) by mail to:
7160 Keating, Sebastopol, CA 95472 or by fax at: **707-824-0198**
If you have any questions, please contact SAI at: **800-655-8965**

Please answer the following questions:

1. Has student completed all necessary financial aid documents and accepted financial aid listed below: Yes No
2. The student's financial aid checks will be made payable to:
 SAI Student Parent(s)
3. The student's financial aid checks will be mailed to:
 SAI office student's address or bank account parent(s)

I, _____, certify that _____,
will receive financial aid in the amount of _____ to be used toward the cost of
his/her SAI program. The amount, type(s) of aid awarded and disbursement date(s) are listed
below.

Type (e.g. Stafford loan)	Amount (e.g. \$5,000)	Anticipated Disbursement Dates & Amounts (e.g. Jan 15 / \$2,500 March 15 / \$2,500)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed name of Financial Aid Advisor: _____

Name of University: _____

Phone Number: _____ Email: _____

Student Name (please print): _____

Responsible Third Party and Agreement to Pay

Dear Financial Aid Student:

Study Abroad Italy allows financial aid students to defer their program cost **balance** (i.e. the amount that aid will cover) with the understanding that final payment will be sent **within two weeks** of financial aid disbursement or no later than **October 15, 2012**. Failure to make payment by this date will result in a **late fee assessment**, along with suspension from the program and you will not be permitted to continue attending classes.

If you have an outstanding balance on your account, please take the time to insure payment will be sent to our office before the above due date; this may require the assistance of a third party if your financial aid is not released BEFORE you leave for Italy. Please provide third party information below.

Name of Responsible Third Party Telephone Number

Address of Responsible Third Party

Email Address of Responsible Third Party Fax Number

Signature of Responsible Third Party Date

NOTE: Financial Aid students are allowed to defer their program balance payments until monies are received, HOWEVER financial aid students are bound by the SAI Cancellation and Withdrawal Policy. If a student withdraws from the program, s/he will be liable for any penalties reflected in the Cancellation Policy. Cancellation penalties will be billed to the student and due immediately. Unpaid Cancellation penalties may be referred to Collection Services."

By signing below, student assumes responsibility for payment of all fees due and/or any cancellation penalties that may result from student's withdrawal from program OR housing, as stated in SAI withdrawal and cancellation penalties.

Print Name of Student

Signature of Student Date