FINANCIAL AID/SCHOLARSHIP AUTHORIZATION

If you want Mississippi College to apply your financial aid toward the payment of amounts

owed to Mississippi College, read the following instructions and sign.

I hereby request and authorize Mississippi College to apply all of my financial aid/scholarship

award(s) toward the payment of my tuition and fees. I also authorize Mississippi College to

apply my financial aid/scholarship award(s) to any other institutional charges including

bookstore charges, Writing Proficiency fees, graduation fees, music fees, physical education,

traffic tickets, nursing fees, deferred payment fees, and library fines that I might owe to

Mississippi College. I understand that Mississippi College will use this authorization for future

enrollment periods if necessary. I understand that I may rescind this authorization upon written

notification to the Business Office. I also understand that a check for any financial

aid/scholarship award(s) in excess of enrollment fees and/or institutional charges will be

available to me at the appropriate time.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE**

Students with Direct Student Loans MUST be enrolled as a half-time student (6 hours for undergraduate students or 4 hours for graduate students) for each enrollment period to remain eligible for the Direct Student Loan(s)

**Please complete this form and return it to:**

**Office of Financial Aid**

**Mississippi College**

**Box 4035**

**Clinton, MS 39058**

**PLEASE DO NOT SEND THIS FORM OVER EMAIL SINCE IT CONTAINS SENSITIVE INFORMATION**

**WE WILL ONLY ACCEPT THIS FORM BY MAIL OR IN PERSON**