

**financial aid authorization**

**FINANCIAL AID/SCHOLARSHIP AUTHORIZATION**

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.

**Last Name First Name Middle Initial**

**MC ID # Social Security #**

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Signature Date

**PLEASE NOTE**

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

**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.