



The Center for Cross-Cultural Study

Financial Aid Deferment Form

Student Name: _____

Student ID: _____

Program: _____

This form is designed to provide SSA with the necessary information to defer a portion of the student's program cost until their financial aid is processed and disbursed. This form MUST accompany a signed consortium agreement.

AID AWARD

1. Total amount of aid awarded for the enrolled program. _____

*If the aid awarded is for two or more semesters, list the aid awarded for each semester separately.

2. Is a Parent-Plus Loan included in the aid amount listed above: ____ YES ____ NO

*If YES, Indicate the amount of the parent plus loan _____

3. Anticipated Disbursement Date of Aid: _____

4. Aid Award will be disbursed to: _____ Student
*Check all that apply _____ SSA
_____ Other: _____

5. When the situation arises where the aid received and paid to SSA is greater than the remaining program costs, the excess funds should be returned to:

_____ Student
_____ Home Institution
_____ Other: _____

The information provided above is accurate to the best of my knowledge. I will notify SSA of any change before the start of the program.

Name of Institution

Signature of Authorized School Official

Street Address

Print Name:

City State Zip Code

Title :

Phone #: (_____) _____, Ext. # _____

Date: _____

Return completed form to info@spanishstudies.org