



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

Print Name: -----

Street Address

Title: -----

City

State

Zip Code

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

Date: -----

Return completed form to info@spanishstudies.org