



Financial Aid Office
16000 E. CentreTech Parkway
Aurora, CO 80011
FinancialAid@CCAurora.edu
P: 303-360-4709 F: 303-361-7401
www.CCAurora.edu

S _____

Student's CCA ID Number

**Student Authorization of Payment from Financial Aid Funds
And Statement of Educational Purpose**
Entire Form must be completed in black ink.

Student's Printed Name: _____ Phone Number: _____

Student Authorization of Payment from Financial Aid Funds

Federal regulations allow the College to deduct current year tuition and fees, from any current year federal financial aid funds. In addition, with your permission, the College can deduct other charges that you may owe to the college. These other charges may be bookstore charges, library fines, etc. Please indicate below your permission for the College to deduct these charges.

SELECT ONE:

_____ I authorize and assign CCA to deduct and pay all charges at CCA from the State, Federal, or any other awards indicated on my award letter. This includes bookstore charges and gives me the option to charge my books at the bookstore if I am eligible for enough financial aid.

OR

_____ I do not authorize any additional charges beyond tuition and fees.

I understand that (**initial each statement**):

_____ Bookstore charges cannot be charged to my student account and paid with financial aid I receive.

_____ Because I am not giving permission for CCA to credit my account with the Title IV funds, these funds will be disbursed directly to me and will not be used by CCA to pay remaining institutional charges other than for tuition and fees.

_____ I am still responsible for paying all of the other charges.

I understand I can revoke this authorization by submitting a revised form to the Financial Aid Office.

Student's Signature: _____ Date: _____

Note: If you have prior year charges, please contact the Financial Aid Office to provide separate authorization for the College to deduct these charges.

Statement of Educational Purpose and Signature

I certify that I will use any funds (Federal or State-assisted loan, grant, scholarship, or work-study program) that I am offered for educational purposes only. I understand that to cancel this offer I must specifically decline the offer in writing. Should my enrollment status or financial situation change, after I am offered financial aid, ***I understand that I may be responsible for repaying any funds I receive which cannot be reasonably attributed to meeting my educational expenses at the Community College of Aurora. I understand that any financial assistance offered to me is based upon the availability of funding and may be revised.***

Student's Signature: _____ Date: _____

IMPORTANT: Financial Aid can only pay for the classes required by your declared major. Please refer to your degree check or make an appointment with your advisor.

The Community College of Aurora prohibits all forms of discrimination and harassment including those that violate federal and state law, or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. The Community College of Aurora will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.

TIV: RHACOMM Note if No