

# SCI-Arc

## Student Certifications and Acknowledgements

Initials \_\_\_\_\_ I certify that I will use any money I receive under Pell Grant, SEOG, Federal Direct Loan programs solely for expenses related to attendance at Southern California Institute of Architecture (SCI-Arc). I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed to meeting my educational cost at SCI-Arc. I further understand that the amount of any repayment is based on regulations published by the Secretary of Education.

Initials \_\_\_\_\_ I understand that I must be making satisfactory academic progress in order to continue to receive Financial Aid funds. I understand that my tuition and fees must be paid before I am allowed to register for classes and any funds are disbursed to me. I further understand that if I attend school beyond June 30, I must reapply for Financial Aid to re-qualify for additional disbursements of funds and that this process takes time and may delay disbursements of funds.

Initials \_\_\_\_\_ I certify that I am registered with Selective Services /or  
I certify that I am not required to be registered with Selective Services because:

<input type="checkbox"/> I am a female	<input type="checkbox"/> I have not reached my 18th birthday
<input type="checkbox"/> I am in the armed services on active duty	<input type="checkbox"/> I was born before 1960
(Note: Does not apply to members of the Reserves and National Guard who are not on active duty).	<input type="checkbox"/> I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or permanent resident of the Trust Territory of the Pacific Islands (Palau)

Initials \_\_\_\_\_ **Statement of Educational Purpose/Certification on Refunds and Default**  
I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending college at **SCI-Arc** for the 2024-2025.

Initials \_\_\_\_\_ **Acknowledgment of Credit to Account**  
I hereby authorize SCI-Arc, to credit my account with the financial aid funds designated on my award letter. Credit balances that may result from the crediting of Title IV financial aid funds to my student account may be retained and applied to allowable future charges incurred to my student account. In authorizing retention of any such credit balance, it is understood that I will receive no interest on the funds that are retained.

Initials \_\_\_\_\_ I understand that my loans will be processed through EFT (Electronic Funds Transfer) and will be credited to my account automatically. I will be notified of my disbursement via U.S. Mail that SCI-Arc has issued to me.

Initials \_\_\_\_\_ **Refunds**  
If, for any reason prior to graduation you are dismissed or withdraw from the school, the school's refund policy as stated in the catalog will be applied to determine the tuition obligation. Funds received on account which exceed your tuition and fees obligation will be refunded first to those aid programs from which a payment has been received and credited to your tuition account which applies to future payment period, which must be refunded according to Federal Regulation: Then to the Federal Programs in which you participated:

- Initials \_\_\_\_\_
- |   |  |
|---|--|
| 1. Federal Direct Loans<br>(Unsubsidized Stafford, Subsidized Stafford, Plus) | 2. Other (Vocational, Rehabilitation, Private, etc.) |
|---|--|

No funds will be returned to any program in excess of total funds disbursed from that program. If upon leaving school through graduation or withdrawal, a credit balance exists on my student account after all Title IV Refunds and tuition adjustments have been made, the credit balance may be refunded to my Federal Direct Stafford Loan and/or my PLUS Loan to reduce my outstanding loan balance. I voluntarily make the above authorizations and understand that I may rescind the authorizations at any time through written notification to the Financial Aid Office. I understand that I will be required to make cash payments for any charges for which I do not authorize use of Title IV funds.

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