FINANCIAL AID ADVANCE REQUEST FORM-MPS

Student Name: ____________________________  Student ID#: __________________________

I would like to request an advance on the current account credit from my confirmed financial aid funds (paid and/or pending) in the amount of $_________________ (not to exceed $1,500).

☐ Semester 1 Fall 20___  ☐ Semester 2 Spring 20___  ☐ Semester 3 Summer 20___

Reason for request (Please check appropriate box)

☐ Off Campus Meal Plan (OCMP)
☐ Rent (Copy of Lease Agreement required- if not on file)
☐ Other (Please explain below)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I understand that if there is any reduction in the amount of my financial aid awards (as a result of withdrawal, change in financial aid eligibility, or other circumstances) that I am held fully liable to return any amount that has been advanced to me.

______________________________________________________________________________
(Student’s First and Last Name)

(Student’s Signature) ____________________________ (Date Signed)

OFFICE USE ONLY

DATE RECEIVED: ______________
SFS Counselor - Confirmed Aid: _______ (Initials)

AMOUNT APPROVED:$_________________
APPROVED BY: _______________________

(Signature of Person Approving Advance)
NOTES: _____________________________________________
__________________________________________________