

CAPA Financial Aid Disbursement Form

Financial Aid recipients who have submitted this completed form to CAPA **no later than** 70 days prior to program departure will have deferred payment deadlines. You must pay 30% of the total program fees by 70 days prior to departure. The balance of the program fees will be due 30 days prior to departure.

We suggest that you submit this form to the Normandale Financial Aid & Scholarship Office no later than 120 days prior to program departure. This will give them time to process the form.

After your form is completed, you must return it to CAPA. **It is your responsibility to return it to CAPA no later than 70 days prior to departure to be eligible for the deferred payment schedule.**

SEND TO: CAPA, 55 Court Street – 4th Floor, Boston, MA, 02108 – 2104 FAX: (617) 725-8896

To be Completed by Program Participant

Program Code (see page 2 of your program brochure): _____

Last Name: _____ First Name: _____

Daytime Phone: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Program: _____ Departure Date: _____

Name of Program Leader: _____ Total Program Fee: _____

Authorization Release

I authorize release of my financial aid information to the Centers for Academic Programs Abroad (CAPA).

Participant's signature: _____ **Date:** _____

To be Completed by Campus Financial Aid Office

In order for the above student to participate in a CAPA Study Abroad Program and to qualify for deferred payments, CAPA requires that this form be completed and verified by his/her Financial Aid Advisor.

Please list the amount of Financial Aid the student will receive for the semester in which he/she is going abroad (i.e. a Pell Grant for \$800 for the academic year should be listed as \$400 for either the Spring or Fall semester). In the case of loans, please enter net proceeds. If you have any questions, call CAPA Student Accounts at: 800-793-0334.

AWARD TYPE: **PELL GRANT** **STAFFORD LOAN** **SEOG GRANT** **SCHOLARSHIP** **OTHER**

AMOUNT: _____ _____ _____ _____

Disbursement Date(s): _____ _____ _____ _____

If the above amounts are estimates at this time, please note date they can be confirmed: _____

Name of Financial Aid Advisor: Catherine Breuer **Name of College/University:** Normandale Community College

Telephone: (952) 487-8250 **Fax:** (952) 487-8101

Signature of Financial Aid Advisor: _____ **Date:** _____