

## Financial Aid – Frequently Asked Questions

Financial Aid may be available to cover all or part of your program fees.

Should you decide to apply for Financial Aid, you must complete the attached form and submit it to your Financial Aid Office immediately.

We suggest that you submit this information to your Financial Aid office no later than 120 days prior to program departure. This will give your Financial Aid Officer time to process your request.

After your form is completed and signed by your financial aid office, 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  
PO Box 55087  
Boston, MA 02205-5087

### **For overnight delivery please use:**

CAPA  
50 Franklin Street – 2<sup>nd</sup> Floor  
Boston, MA, 02110  
FAX: (617) 725-8896

## Questions and Answers

Q. Do I qualify?

A. Many students qualify for some type of Financial Aid. Your institution's Financial Aid Office will determine your qualifications, so apply early. Some examples of Financial Aid, which can be used to pay for or reimburse you for the costs to study abroad, are Pell Grants, Stafford Loans, PLUS Loans, state and/or institutional aid

Q. How much aid can I receive?

A. This depends upon the cost of your program. Your program fees, home campus tuition and living expenses while abroad can all be listed in your Financial Aid application.

Q. What if my financial aid doesn't come in until after the 70-day payment deadline?

A. CAPA assists Financial Aid students by deferring a portion of the program fees. Financial Aid recipients who submit this completed form to CAPA no later than 70 days prior to program departure will only be expected to pay 30% of the total program fees by the 70-day payment deadline. The balance of the program fees will not be due until 30 days prior to departure.

## How to Apply

1. Fill out the CAPA program application and send in your \$300 deposit.
2. Set up an appointment to meet with your Financial Aid Advisor as soon as possible. They will advise what types of aid are available and what amount(s) you are eligible to receive.
3. Work with your Financial Aid Advisor to complete the Financial Aid Disbursement Form.
4. Return the completed form to CAPA no later than 70-days prior to departure along with your payment of 30% of the program fees. Failure to send both by the deadline could result in a late fee and your cancellation from the program.
5. The balance of the program fees not covered by financial aid, plus any applicable fuel surcharges, is due by 30 days prior to departure.

# Financial Aid Disbursement Form

## 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 Advisor

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	GSL or OTHER
AMOUNT	_____	_____	_____	_____	_____

Disbursement Date(s): \_\_\_\_\_

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

Name of Financial Aid Advisor: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Signature of Financial Aid Advisor: \_\_\_\_\_ Date: \_\_\_\_\_