



El Paso Community College
 Financial Aid Office
 P.O. Box 20500
 El Paso, TX 79998
 Fax (915) 831-2294

Financial Aid Authorization Form

First Name: _____ Last Name: _____ EPCC ID: _____

My signature below indicates that I have read, agree and understand:

- Federal or State aid offered is subject to change.
- Awards are **conditional** pending meeting Satisfactory Academic Progress (SAP) requirements. The Financial Aid Office reserves the right to review and cancel awards for failure to meet SAP criteria. For more information go to: <https://www.epcc.edu/Admissions/FinancialAid/eligibility>
- **Amounts are based on full-time enrollment (12 or more credit hours).** Some awards may require full-time enrollment. Other programs will be adjusted for enrollment of less than full-time. Certain certificate programs require credit to clock hour conversion.
- Outside resources such as service awards, or payments received from an outside agency may affect my financial aid. I am responsible for notifying the Financial Aid Office if I receive additional funds at anytime so that adjustments can be made to **avoid possible over awards.**
- I must maintain minimum course load requirements; failure to do so may result in repayment of aid received. Depending when I withdraw, I may be required to return all or part of the Financial Aid awarded.
- It is my responsibility to inform The Financial Aid Office of any financial aid status changes.
- I authorize funds received, first be used to meet any obligations to the College. Remaining balances are refunded through Direct Deposit.
- I must ensure that for any college or university I have attended, transcripts are on file and evaluated by the EPCC Admissions Office prior to any financial aid being disbursed.
- I authorize the release of information to donors or potential donors of any scholarships for which I may be eligible. Furthermore, I authorize the publication of any scholarship award I may receive.
- **Financial Aid will not be paid until this form is signed and submitted by email at Financial.Aid@epcc.edu**

Must answer questions below:

1. Have you ever been convicted of any felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substance Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code? No Yes

2. If male, are you registered for Selective Service? No Yes

Signature

Date