ST JOHN'S College

INSTITUTIONAL CERTIFICATIONS

STATEMENT REGARDING BILLING POLICIES

Please read and initial all of the following policy statements.

_____ 1. The advance deposit must be paid by the due date, and fees must be paid in full prior to each semester. Monthly payment arrangements must be made through the tuition payment plan recommended by the Treasurer's Office.

_____ 2. No student will be permitted to carry an unpaid balance forward from a previous semester.

_____ 3. If a student ends the academic year with an unpaid balance, the subsequent year's financial aid will not be credited to the account until the balance has been paid in full.

_____ 4. Payment for campus jobs is made by check or direct deposit, payable directly to the student, and is not applied to the student's tuition bill.

The College adds miscellaneous charges such as health insurance, parking tickets, library fines to the student's bill. Federal student aid funds may be used to cover these miscellaneous expenses ***only*** with the student's authorization. If such authorization is given by the student, it may be rescinded in the future by written request.

_____ I authorize St. John's College to use federal student aid to cover all allowable Title IV charges on my bill.

STATEMENT OF CERTIFICATION AND AUTHORIZATION

Please read each item carefully, check each block and sign below.

- ❑ I will use any financial aid granted to me solely for expenses related to my education at St. John's College.
- ❑ I understand that I must reapply for aid each year.
- ❑ I agree to report any change in my status to the Financial Aid Office. I understand that I must report any financial aid received from outside sources to the Financial Aid Office. Withholding of such information may result in cancellation of my financial aid.
- ❑ I understand that the aid granted may be modified, suspended, or terminated dependent upon rules, regulations, appropriations and policies applicable to the aid programs.
- ❑ I give permission to the Financial Aid Office to obtain such additional information concerning my educational program and financial circumstances as are needed to process my application.
- ❑ If asked to do so, I will write a note of appreciation to the donor of the scholarship funds I received.

_____

Student's Signature Print Name Date

Please Return This Form To:

St. John's College
Financial Aid Office
60 College Avenue
Annapolis, MD 21401
Annapolis.FinancialAid@sjc.edu
Fax: 410-626-2885

St. John's College
Financial Aid Office
1160 Camino de Cruz Blanca
Santa Fe, NM 87505-4599
SantaFe.FinancialAid@sjc.edu
Fax: 505-984-6164