

2024-2025 Authorization Form

Student Financial Aid
 PO Box 1109
 Blytheville, Arkansas 72316-1109

Phone: 870-762-3103
 WEB: www.anc.edu
 ANC School Code: 012860

- | | |
|----------------------------|--|
| 1. Name : _____ | 4. SS# or ANC Student ID: _____ |
| 2. Mailing Address: _____ | 5. Date of Birth: _____ |
| 3. City, State, Zip: _____ | 6. Contact Phone Number: () _____ |

*As an ANC student, you will be assigned an ANC email address. The ANC Financial Aid Office will contact you by your ANC Email Address to inform you of important information regarding your Financial Aid. If you would like to opt-out, please contact our office.

7. Will you be enrolled in another college at the SAME TIME you are attending ANC for the 2024-2025 year?

☐ YES ☐ NO

_____ # of hrs _____
Name of Institution
 (NOTE: You are not able to receive most types of financial aid at two different schools for the same enrollment period.)

8. Have you attended any other college, university, or trade school beyond the high school level?

☐ YES ☐ NO

If yes, provide the following information

- | | | |
|----------|----------|----------------------------|
| 1. _____ | # of hrs | _____ |
| | | <i>Name of Institution</i> |
| 2. _____ | # of hrs | _____ |
| | | <i>Name of Institution</i> |

9. While attending ANC for the 2024-2025 academic year, your housing plans will be:

- ☐ Living with parents(s) or stepparents
☐ Living in my own residence/other

10. High School/GED/Homeschool

I certify that I will have completed high school or its equivalent **before** the 2024-2025 academic year. Please check.

- ☐ Public High School ☐ GED ☐ Home School

Name of School

Date Completed

11. FINANCIAL AID TITLE IV AUTHORIZATIONS

Federal regulations regarding the use of Title IV financial aid funds awarded to students provide that an institution may directly credit Title IV awards to a student's account at the institution to satisfy current charges for tuition and fees. Additionally, students may authorize ANC to apply any excess funds to satisfy other outstanding charges beyond tuition and fees, such as book charges for the current award year and prior year charges that do not exceed \$200 and that will not prevent you from paying current educational expenses.

Payment/Deferment Authorization:

- ☐ Yes ☐ No **ANC Student Account:** I authorize ANC to apply all financial aid proceeds to my ANC student account to pay all institutional charges including tuition, fees, books, supplies, and/or applicable tax on these items during the 2024-2025 award year
- ☐ Yes ☐ No **BBA Solutions (Bookstore):** I authorize ANC to provide the BBA Solutions Bookstore the amount of my financial aid available for textbooks each semester for the 2024-2025 award year.

I understand that this authorization may be rescinded at my request in writing for any term and must be received by the ANC Financial Aid Office. I also understand that if I rescind this authorization it is effective on the date of receipt (not retroactive), and I must make immediate payment arrangements with the ANC Business Office for any outstanding debt.

_____ *Student Signature*

_____ *Date*