



Hinds Community College Office of Financial Aid Payment & Policy Notification

Office Use Only: Name: _____ ID: _____ FAXXCPPN
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A. STUDENT INFORMATION

Last Name First Name M.I. Social Security# or ID# Phone number

B. AUTHORIZATION OF PAYMENT

I AUTHORIZE HINDS COMMUNITY COLLEGE TO PAY ALL CHARGES APPLIED TO MY ACCOUNT including tuition, fees, room and board, supplies, equipment, tools, transportation, fines, etc. with my financial aid funds. I understand that I have the right to rescind this authorization at any time.

Please initial: _____

OR

I CHOOSE TO PAY ALL CHARGES UP FRONT, in some cases before financial aid has disbursed. Therefore, Hinds Community College can only pay my tuition and fees or other charges due prior to disbursement to me out of my financial aid funds. I understand that I have the right to rescind this authorization at any time.

Please initial: _____

C. SATISFACTORY ACADEMIC PROGRESS (SAP) POLICY

Hinds Community College is required by federal regulations to establish minimum standards of satisfactory academic progress to determine a student's eligibility for Title IV Federal Financial Aid programs.

I HAVE READ AND FULLY UNDERSTAND THE MINIMUM STANDARDS OF THE SAP POLICY of Hinds Community College for the purpose of receiving financial aid and understand that a copy of this policy is available at www.hindsc.edu/financialaid.

Please initial: _____

D. WITHDRAWAL NOTIFICATION

I UNDERSTAND THAT I MAY BE REQUIRED TO REPAY A PORTION OF THE TITLE IV AID FUNDS I RECEIVE according to the Return to Title IV policy set forth in the Student Handbook and College Catalog if I withdraw or if I am administratively withdrawn from school due to absences.

Please initial: _____

E. CERTIFICATION AND SIGNATURE

By signing this worksheet, I certify that all the information reported is complete and correct. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature: _____ Date: _____

Hinds Community College Notice of Non-discrimination Statement:
Hinds Community College is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President, Utica Campus, 34175 Hwy. 18, Utica, MS 39175; 601.885.7001.

Disability Support Services Statement:
Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.