



# Hinds Community College

## Office of Financial Aid Payment & Policy Notification

Office Use Only:
Name: _____
ID: _____ FAXXCPPN

### 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.hindscc.edu/financialaid](http://www.hindscc.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to Title IV policy set forth in the Student Handbook and College Catalog if I withdraw or if I am administratively withdrawn from school due to absences.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:** In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: [titleIX@hindscc.edu](mailto:titleIX@hindscc.edu)

**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.