



Anticipating 3rd party payments (financial aid, grants, scholarships, loans, etc.)

You may qualify for an extension of the program fees due date. Complete this form and provide supporting documentation that shows the name of source, amount, and expected payment date.

If you are anticipating 3rd party payments which will fully pay your program fees (100%) and all supporting documentation validates the expected payments, you may qualify to have the required enrollment deposit waived in lieu of the expected financial aid.

Instructions

All Students (except US): Complete Sections **A**, **B**, and **D**. Send the completed form and the necessary documents to The Scholar Ship Student Accounts Department at the address below.

U.S. Students: Complete Sections **A** and **D**. Have your Home Institution complete Section **C**. Send the completed form and necessary documents to The Scholar Ship Student Accounts Department at:

The Scholar Ship
Student Accounts Department
841 East Fort Avenue #238
Baltimore, Maryland 21230-5117 U.S.A

Section A: Student Information

Full Name _____

Student Reference Number _____

Permanent Address _____

City/Town _____

State/Province _____ Zip/Postal Code _____

Country _____

Telephone Number (Include Country/City Code) _____

Primary Email Address _____

Which college or university will serve as your Home Institution during the 2008-2009 academic year? _____



Payment Deferral Form

Home Institution _____

Street Address _____

City/Town _____

State/Province _____ Zip/Postal Code _____

Country _____

Section B: All Students (except US)

(Attach loan documents/award letter(s).)

Source	No	Yes	Amount	Expected Disbursement Date(s)
Government Grants	___	___	_____ USD	_____
Other Grants (please list*)	___	___	_____ USD	_____
Scholarships (please list*)	___	___	_____ USD	_____
Government Loans	___	___	_____ USD	_____
Other Loans (please list*)	___	___	_____ USD	_____
Other Sources of Aid (please list*)	___	___	_____ USD	_____

**Attach additional sheets if necessary.*

Section C: U.S. Students Only

To be completed by Financial Aid Administrator at Home Institution.

Instructions:

Please provide information for all sources of funding that the student is expected to receive for The Scholar Ship's upcoming voyage.

1. Check either "No" or "Yes" for each source.
2. If a Scholarship and/or an Alternative/Private Loan applies, please provide the name of the award source, the name of the award, and the amount of the award.
3. If the exact amount of the award is unknown at the time the Home Institution completes this Section C, provide the estimated award based upon full time enrollment (FTE) with The Scholar Ship. Please contact the Student Accounts Department as soon as the award amount becomes known.
4. Please contact the Student Accounts Department if any additional funds are awarded after this form has been submitted.



Payment Deferral Form

Name of student _____

Source	No	Yes	Amount	Expected Disbursement Date(s)
Federal Pell Grant	___	___	_____USD	_____
Federal SEOG Grant	___	___	_____USD	_____
State Grant	___	___	_____USD	_____
Scholarships (please list*)	___	___	_____USD	_____
Institutional Awards/Grants	___	___	_____USD	_____
Federal Stafford Loans	___	___	_____USD	_____
Federal PLUS Loans	___	___	_____USD	_____
Federal Perkins Loans	___	___	_____USD	_____
Alternative/Private Loans (please list*)	___	___	_____USD	_____
Other Sources of Aid (please list*):	___	___	_____USD	_____

**Attach additional sheets if necessary.*

Signature of Financial Aid Administrator _____

Name of Financial Aid Administrator _____

Telephone Number _____

Section D: All Students

I AGREE AND UNDERSTAND THE FOLLOWING INFORMATION:

- I am requesting a deferred payment schedule because my financial aid award and/or other aid will be disbursed after The Scholar Ship's payment deadline. I personally guarantee payment to The Scholar Ship in the event that I do not receive the financial aid funds listed above and/or amount authorized if I enroll in a payment plan.
- I understand that it is my responsibility to maintain contact and comply with all requests from my Home Institution as well as authorized agencies in order for my funds to disburse in a timely manner.



Payment Deferral Form

- I understand that once a completed Payment Deferral Form has been received by The Scholar Ship, I will be sent an email that will outline the revised payment schedule for payment of my Program Fees. I agree to follow the payment schedule as indicated in that email. If I have any questions or concerns, I will contact The Scholar Ship within one week of the date that the original email was sent.
- If there are any changes to my financial aid award amount or disbursement schedule, I will inform The Scholar Ship of such changes or inform my Home Institution to alert The Scholar Ship of such changes.
- I understand that I am ultimately responsible for ensuring that all Program Fees are paid in full to The Scholar Ship.
- I further understand that if payments are not made according to the payment schedule, I am fully liable for any outstanding fees, including late fees.
- I also understand that any refund request is subject to the terms of the Refund Policy.
- I authorize The Scholar Ship to use my financial aid funds to pay any outstanding expenses that have been charged to my account.
- In the event that my financial aid award does not cover the entire amount of Program Fees and/or charges, I am responsible for the payment of the remaining outstanding balance.
- In the event that I am considered for or receive financial aid at The Scholar Ship, I authorize The Scholar Ship to release academic and/or financial aid information to agencies or individuals granting the funds.
- I authorize The Scholar Ship to investigate and request additional information from institutions and agencies involved in order to process Financial Aid/Student Accounts efficiently. I authorize the release of such information to authorized individuals within The Scholar Ship.
- If I purposely give false or misleading information, The Scholar Ship reserves the right to cancel my financial aid and report conflicting information to required agencies for investigation. If I receive U.S. Federal financial aid and purposely give false or misleading information, I may be fined 20,000 USD, sent to prison, or both. I declare that the information reported is to the best of my knowledge and belief is true, correct, and complete.

My signature below confirms that, to the best of my knowledge, the information provided herein is accurate or believed to be accurate. By signing below, I authorize my Financial Aid Administrator at my Home Institution to disburse funds to The Scholar Ship when applicable.

Student Signature _____

Date (dd/mm/yy) _____