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# TITLE IV AWARD ASSIGNMENT

Purpose of form: by completing and signing this form, you are authorizing Central Carolina Technical College (CCTC) to hold your Title IV funds (Federal Student Aid including Pell, SEOG, Direct Lending loans) for future use or to use funds to pay on another student account. Complete and mail or bring this form to the Business Office at 506 North Guignard Drive, Sumter, SC 29150.

**NOTE: This authorization remains in effect from the date signed until you cease enrollment at the College (or until it is modified or revoked by you.) According to Federal Regulation Sect. 668.165 (b)(2)(ii), you have the right to revoke or modify this authorization at any time. You must notify the Business Office in writing, of your intent to revoke this authorization. Please direct your revocation to: Cheryl Allen-Lint, Director of Accounting, 506 North Guignard Drive Sumter SC 29150 or via email to allenlintcr@cctech.edu. Once your written revocation of this agreement is received, any remaining Title IV credit will be refunded to you within 14 days of the date of receipt.**

Please read the following two options concerning payment of any applicable Title IV credit balance. A Title IV credit balance results whenever the total Federal aid exceeds the balance of outstanding student tuition, fees and applicable bookstore charges. Please select one of the following options and sign in the space provided:

|  |
| --- |
| **AUTHORIZATION TO HOLD FUNDS** I authorize Central Carolina Technical College to hold remaining funds from my federal and /or state grant award(s) to be used for term(s) within the award year. If for any reason I do not attend the Summer term as planned, the funds will be fully reimbursed.  |

**OPTION 1:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

CWID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **AUTHORIZATION TO PAY ON ANOTHER ACCOUNT**I authorize Central Carolina Technical College to use $\_\_\_\_\_\_\_\_\_\_ of my financial aid to pay (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (CWID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for term \_\_\_\_\_\_\_\_\_\_\_. |

**OPTION 2:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

CWID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL FINANCIAL AID RECIPIENTS ARE ADVISED THAT CHANGES TO YOUR COURSE SCHEDULE, SUCH AS DROPPING CLASSES OR NONATTENDANCE MAY RESULT IN A REDUCTION IN FINANCIAL AID WHICH WILL LEAVE YOU, THE STUDENT, PERSONALLY RESPONSIBLE FOR PAYMENT OF TUITION AND FEES.**

**11/2016**