



ACADEMIC STUDIES ABROAD

# FINANCIAL AID VERIFICATION (FAV)

## SECTION 1 – To be completed by the Student.

**ATTN STUDENTS:** This form is due by ASA’s Forms & Payment Deadline. If you do not know when this is, please check your ASA Billing Statement or call ASA directly at 617-327-9388.

Student First & Last Name: \_\_\_\_\_ College/University: \_\_\_\_\_

**INSTRUCTIONS:** After completing Section 1, please ask your college/university Financial Aid Office to complete Section 2 and then return the form to ASA. Please ask them to complete this AT LEAST 1 week before it is due, as most institutions take at least 1 week to complete it. If your Financial Aid Office cannot release the completed form directly to ASA, you will need to EMAIL OR FAX it to ASA yourself. (EMAIL OR FAX ONLY! DO NOT USE VIA.)

**IMPORTANT:** Altering, revising, or modifying this form in any way after it has been completed by your college/university Financial Aid Office WILL RESULT IN IMMEDIATE DISMISSAL FROM THE ASA PROGRAM, WITH NO REFUND.

*By signing here, I verify that I am submitting this form to ASA without alteration or revision. Furthermore, I understand and agree that alteration or revision of this form will result in immediate dismissal from the ASA Program, with no refund. I understand that I may ONLY defer the amount shown below, and that I must pay in full to ASA any portion of the Program fees not covered by financial aid by the deadline indicated on my ASA Billing Statement.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 – To be completed by the college/university Financial Aid Office.

The above named student plans to use financial aid to pay for some or all of his/her ASA Program fees. Below, please verify the amount of financial aid the student has been approved to receive and the approximate date(s) the funds will be disbursed.

**\*\*PLEASE LIST ONLY APPROVED AMOUNTS – NOT ELIGIBILITY.\*\* IF THE STUDENT’S FINANCIAL AID AWARD HAS NOT BEEN APPROVED, PLEASE COMPLETE THIS FORM AFTER IT HAS BEEN APPROVED.**

I, \_\_\_\_\_, a representative of the Financial Aid Office at \_\_\_\_\_  
(Print First and Last Name) (College/University)

do hereby certify that the above named student has been approved to receive a total of \$\_\_\_\_\_ to be used to study abroad with ASA. This includes all federal aid, state aid, grants, scholarships, and loans that this office awards.

Funds are expected to be disbursed on or about:

1 <sup>st</sup> disbursement (If only one disbursement is expected, fill in this row only)	Amount: \$ _____	Date: _____ (m)/ _____ (d)/ 20_____
2 <sup>nd</sup> disbursement	Amount: \$ _____	Date: _____ (m)/ _____ (d)/ 20_____
3 <sup>rd</sup> disbursement	Amount: \$ _____	Date: _____ (m)/ _____ (d)/ 20_____

To the best of my knowledge, the information above is true and accurate on this day, \_\_\_\_\_ (m)/ \_\_\_\_\_ (d)/ 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature) (Title)

\_\_\_\_\_  
(Phone Number) (Fax Number) (Email Address)

Please Email to: [chelsea@academicstudies.com](mailto:chelsea@academicstudies.com) Or Fax to: 617-327-9388

If you have any questions, please call Chelsea Kaloupek at 617-327-9388 or email [chelsea@academicstudies.com](mailto:chelsea@academicstudies.com).