



## ***Funding Determination***

Student Name \_\_\_\_\_ Program: \_\_\_\_\_

This form is for students who wish to pay the tuition/fees/supply charges on their account in a different manner than using all Title IV Funds.

**NOTE: IF THE FUNDING AGENCY, EMPLOYERS, ETC. FAILS TO PAY THE AMOUNT INVOICES, THE STUDENT IS ULTIMATELY RESPONSIBLE FOR THE CHARGES.**

\_\_\_\_\_ I waive my rights to file my FAFSA (Title IV-Pell & Student Loans) and the account balance will be paid as follows.

\_\_\_\_\_ I have filed my FAFSA and the balance on my account will be paid for as follows:  
Pell (if eligible) \_\_\_\_\_ Student Loans \_\_\_\_\_  
If you still owe a balance after Pell and/or loans indicate below how it will be paid.

Please indicate below how the charges on your account will be covered.

- Self-Pay (payment plan **MUST BE set up prior to start of class and 1st payment made on or before first day of class**, and all charges kept current.)
- Parent Plus Application (All 3 parts must be completed)
- Agency (Job and Family Services)
- Dept. of Veterans Affairs (Copy of Certificate of Eligibility Required)
- Scholarship (student is responsible to see that it is received and applied to account)
- Employer or Department (See back)
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**If you are being funded by an employer, scholarship or department, you must have the information on the back filled out and signed by the person in charge of authorizing the payment. Mid-East CTC – Adult Education will NOT bill if a signature and amount are not included. Payment is due once you begin class.**

1<sup>st</sup> Payer:

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Name of place to bill

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Contact Name

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Address

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City

State

Zip

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Phone

*I hereby authorize Mid-East CTC – Adult Education to bill the above company and address for the amount of \$\_\_\_\_\_ for education costs. Payment is due even if student fails to complete the program unless otherwise stated.*

Signature: \_\_\_\_\_

2<sup>nd</sup> Payer:

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Name of place to bill

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Contact Name

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Address

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City

State

Zip

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Phone

*I hereby authorize Mid-East CTC – Adult Education to bill the above company and address for the amount of \$\_\_\_\_\_ for education costs. Payment is due even if student fails to complete the program unless otherwise stated.*

Signature: \_\_\_\_\_

***If you have any questions, please contact the Financial Services Office at 740-455-3111.***

Notes:

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