

SOUTH SUBURBAN COLLEGE FINANCIAL AID OFFICE 15800 S. State Street South Holland, IL 60473

Office: (708) 596-2000, ext. 5780

FINANCIAL AID RECIPIENTS CERTIFICATION AND AUTHORIZATION

Last Name: _	First Name:	SSC ID:
Instructions: Please read each statement carefully and initial each line item to confirm your understanding		
1	_ I am not currently in default of any Title IV Federal aid no	or owe any federal grant repayments.
2	I understand if I drop/withdraw from any or all classes, my financial aid may be reduced.	
3	_ I understand that it is my responsibility to drop a class(es charged, I must drop within the established published da	
4	_ I understand I may not receive financial aid for a course(s) that is not required for my degree completion at SSC.
5	_ I understand I may not receive financial aid from two sch	ools during the same semester.
6	_ I understand that I must submit all required or additional and my failure to do so, will result in the cancellation of n	
7	understand in order to receive some forms of aid (work -study, grants and scholarships), there are enrollment restrictions.	
8	_ I understand that not all classes or programs are eligible f	or financial aid.
9	_ I understand if my charges exceed my financial aid award	, I will be responsible for any outstanding charges.
10	_ I understand I may only receive financial aid for 30 hours	of remedial coursework.
11	_ I understand that I am required to maintain Satisfactory / maintaining a minimum of 2.0 cumulative grade point ave course hours, and not exceeding the 150% maximum tim	erage (GPA), completing 66.67% of the total attempted
My signature below	certifies that I fully understand the information on this form wi	ll comply with the stated guidelines.
	Student Signature	Date