

SECTION D: Notice of Additional Funding (Do NOT Include CVA Grants/Scholarships)

Please provide the information for all of the sources of funding that you will be receiving during the 2012 – 2013 academic year. Check either Yes or No for each source. If you check Yes for any source, list the total amount you will receive for the 2012-2013 academic year in the box provided. If the amount is unknown at the time you are completing this form, write in “unknown”.

SOURCE	YES	NO	AMOUNT
Scholarship (List Source) (Do NOT Include CVA Scholarships)	<input type="radio"/>	<input type="radio"/>	
Name:			\$
Name:			\$
Veteran's Benefits	<input type="radio"/>	<input type="radio"/>	\$ Per month
Chapter:			
Employer Tuition Reimbursement Partial/Full	<input type="radio"/>	<input type="radio"/>	\$
Vocational Rehabilitation	<input type="radio"/>	<input type="radio"/>	
Americorp	<input type="radio"/>	<input type="radio"/>	

SECTION E: Authorization to Discuss Financial Aid Information

I authorize Do not authorize the College of Visual Arts Financial Aid Staff to discuss my financial aid information with my parent(s) and/or spouse.

Name of parent(s) _____

Name of spouse _____

Security identifier:

Mother's maiden name _____

SECTION F: Authorization to Credit Charges and Certification Statement

1. By signing this form, I authorize the College of Visual Arts to use my financial aid funds to pay institutional expenses that have been charged to my account.
2. I understand that this authorization may be rescinded at my request and that a written statement rescinding the authorization must be received by the Financial Aid Office within 15 days from the date I signed this document. However, in doing so, I must make immediate payment to CVA for these charges.
3. I will use my financial aid for educational expenses while attending the College Visual Arts.
4. I understand that if I purposely give false or misleading information, it could result in the cancellation of my financial aid.
5. I certify that I have read and understand CVA's Financial Aid Satisfactory Academic Progress Policy, which is available at: www.cva.edu/admissions/financial_aid.htm.
6. In the event that I am considered for or receive financial aid from private sources, I authorize the College of Visual Arts to release academic and/or financial aid information to agencies or individuals granting the funds. I understand that if I am selected for a scholarship, my financial and/or academic information may be released to the donor of the scholarship.

I understand that if my financial aid award does not cover my charges for tuition, fees, and other allowable charges that I am responsible for the payment of the remaining outstanding balance by the due date.

I declare that the information reported on this form to the best of my knowledge and belief is true, correct, and complete.

Student Signature _____ Date _____

PLEASE RETURN THE COMPLETED APPLICATION TO:

College of Visual Arts, Financial Aid Office, 344 Summit Avenue, St. Paul, MN 55102