

STATE OF WASHINGTON
HIGHER EDUCATION COORDINATING BOARD

917 Lakeridge Way _ PO Box 43430 _ Olympia, WA 98504-3430 _ (360) 753-7800 _ FAX (360) 753-7808 _ www.hecb.wa.gov



Student Name: _____ ID: _____

Student Directive for Disbursement of State Student Aid

You have been awarded student financial aid from the State of Washington. These funds are being delivered to the university electronically by Electronic Funds Transfer (EFT). Your designation and signature on this form will allow the funds to either be applied directly into your student account or be given directly to you in the form of a check. A state grant recipient has the following two choices:

- Choosing to have the funds deposited to your student account permits the aid to be automatically credited toward expenses you may owe to the school. This option will also allow any refunds of financial aid proceeds that may be due for you to be processed faster.
- Choosing to have state financial aid funds given directly to you means that state student aid will not be automatically available to pay for tuition and fees. You will be responsible for using the funds to pay for educational expenses including any expense you owe to the school.

Please choose one of these options:

_____ I choose to have state student aid funds applied directly to my student account and am automatically credited toward expenses I owe **Gonzaga University**.

OR

_____ I wish to have state student aid funds given directly to me (not credited to my student account). I understand that I am responsible for all outstanding balances on my student account at **Gonzaga University**.

Your choice will stay in effect as long as you are enrolled at this school. However, you may change your Directive for a future term by informing the Financial Aid Office in writing.

Conditions of Award

You are being considered for a State Grants. In order to receive these grants, you must certify that you will comply with the CONDITIONS OF AWARD by signing the statement below. If you have questions or find that you cannot comply with these conditions, please contact the Financial Aid Office.

I, THE UNDERSIGNED, CERTIFY THAT:

1. I am a resident of the State of Washington, in accordance with RCW 28b.15.011-013;
2. I am registered at this institution and am making satisfactory progress toward completion of my degree or program objective;
3. I am not pursuing a degree in theological academic studies;
4. I do not owe a refund or repayment on a State Need Grant, Pell Grant, or Supplemental Educational Opportunity Grant, nor am I in default on a loan made, insured, or guaranteed under the Perkins, National Direct, or Federal Family Education Loan programs. In addition, I am not in default on a loan made through the state conditional loan program;
5. I agree to notify the Financial Aid Office immediately of any change in my address, or in my financial status;
6. I understand that these grants are awarded to assist in meeting educational expenses and should I withdraw from classes, repayment of all or a part of the grants may be required;
7. I understand that when I am able, I can voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of these GRANTS, and that these gifts will be used to provide financial assistance to other students;
8. I understand that the offer of the GRANT is subject to and conditioned upon the availability of funds. Further, I agree that the Higher Education Coordinating Board and this institution reserve the right to withdraw, reduce, or modify the grant due to funding limitations or due to changes in circumstances which affect my eligibility for the GRANTS.
9. I understand that the STATE NEED GRANT program has a limit of 10 semesters of full-time eligibility.

Student Signature: _____ Date: ____/____/____

Please return signed form by mail to the Financial Aid Office at 502 E Boone, Spokane, WA 99258-0072 or by fax to 509-313-5816