



Hinds Community College

Office of Financial Aid Payment & Policy Notification

Office Use Only:

Name: _____

ID: _____

Received by: _____
FAXXCPPN

A. STUDENT INFORMATION

Last Name First Name M.I. ID Number **(REQUIRED)** Phone number

B. AUTHORIZATION OF PAYMENT (Check only one)

1. I AUTHORIZE HINDS COMMUNITY COLLEGE TO PAY ALL CHARGES APPLIED TO MY ACCOUNT including tuition, fees, room and board, supplies, equipment, tools, transportation, fines, etc. with my financial aid funds. I understand that I have the right to rescind this authorization at any time.

Please initial: _____

OR

2. I CHOOSE TO PAY ALL CHARGES UP FRONT, in some cases before financial aid has disbursed. Therefore, Hinds Community College can only pay my tuition and fees or other charges due prior to disbursement to me out of my financial aid funds. I understand that I have the right to rescind this authorization at any time.

Please initial: _____

C. SATISFACTORY ACADEMIC PROGRESS (SAP) POLICY

Hinds Community College is required by federal regulations to establish minimum standards of satisfactory academic progress to determine a student's eligibility for Title IV Federal Financial Aid programs.

I HAVE READ AND FULLY UNDERSTAND THE MINIMUM STANDARDS OF THE SAP POLICY of Hinds Community College for the purpose of receiving financial aid and understand that a copy of this policy is available [here](#) on the Hinds website.

Please initial: _____

D. WITHDRAWAL NOTIFICATION

I UNDERSTAND THAT I MAY BE REQUIRED TO REPAY A PORTION OF THE TITLE IV AID FUNDS I RECEIVE according to the Return to Title IV policy set forth in the [Student Handbook](#) and [College Catalog](#) if I withdraw or if I am administratively withdrawn from school due to absences.

Please initial: _____

E. CERTIFICATION AND SIGNATURE

By signing this worksheet, I certify that all the information reported is complete and correct.

Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature: _____ Date: _____

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies:
EEOC Compliance: Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindscc.edu.
Title IX: Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: Titleix@hindscc.edu.