



Great Bay
Community College

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(603) 334-6308

REQUEST FOR BOOK ADVANCE

STUDENT NAME: _____

STUDENT ID: _____

SEMESTER AND YEAR: _____

AMOUNT: _____

I understand this is a debt that must be repaid, and that

1. I am requesting an advance on the anticipated credit balance to be created by my federal financial aid funds.
2. To qualify, I must have a complete financial aid application. The financial aid I have accepted must be greater than the amount of my tuition and fees, and must be scheduled to create a credit balance which will cover the book advance I request.
3. To qualify, if I have accepted a Direct Student Loan, I must have completed a Master Promissory Note and Loan Entrance Counseling at www.studentaid.gov.

I FURTHER UNDERSTAND THAT AM RESPONSIBLE FOR REPAYMENT OF THIS ADVANCE IF, FOR ANY REASON, (INCLUDING MY DROPPING A COURSE, NOT ATTENDING A COURSE, OR WITHDRAWING FROM COLLEGE) FINANCIAL AID FUNDS ARE NOT DISBURSED TO MY ACCOUNT.

I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance. I understand that I am also responsible for payment of the advance amount indicated above if for any reason financial aid funds are not disbursed to my account. Selecting 'Yes' indicates I have read and agree to these statements.

Yes, I agree:

Signature: _____

Date: _____

OFFICE USE ONLY

Tuition and Fees: _____

Grants: _____

Loans: _____

Total Aid: _____

Credits: _____

Major: _____

SAPFA: _____

OS Processor: _____

Date: _____

Anticipated Credit Balance: _____

AMOUNT APPROVED: _____

FAO ° .0

Expiration Date: _____