

Financial Aid Instructions

If you are going to use financial aid to pay for your CISabroad program, read this document carefully and follow these steps to ensure that your financial aid can be applied to your CISabroad invoice. For Additional Information on finances and to access the CISabroad Financial Aid Step-by-Step Guide, please visit, <http://www.cisabroad.com/finances-scholarships>.

Step 1: Understanding Financial Aid

Financial aid includes ALL aid that you can receive to study towards your degree: federal (loans and grants), state (loans and grants), institutional (loans, grants, and scholarships), and private loans, grants and scholarships. Under federal law, all federal financial aid that you qualify for (loans and grants) can be used to study abroad if the program you are attending has been approved for credit by your home institution. With state or institutional financial aid, your home institution will decide if the aid can be used to study abroad.

Step 2: Set up an appointment with your financial aid office and have them assist you in filling out pages 2 and 3.

Step 3: Send in the Complete Packet to CISabroad.

Please note financial aid is only considered complete when all 3 pages have been completed and sent to your Program Coordinator. **Your financial aid packet must be submitted by the Final Payment Deadline. Any balance that will not be covered by financial aid must be paid on or before the Final Payment Deadline.** A complete packet includes:

- PROOF OF FINANCIAL AID (PAGE 2)
This form must be completed by your financial aid office at your home institution. This form will show the amount of aid to be applied to your CISabroad fees. Please do NOT send CISabroad a copy of your financial aid award letter. Financial aid award letters will NOT be accepted in lieu of the CISabroad Proof of Financial Aid form.
- FINANCIAL AID PLAN AND AGREEMENT (PAGE 3)
Please read and complete the Financial Aid Plan and Agreement form. This form is an explanation of how you are planning to pay your CISabroad fees with financial aid. If you have questions on how aid will be disbursed to you, please check with your financial aid advisor.
- PROOF OF PAYMENT (PAGE 4)
This form is your guarantee of paying your account balance in case your financial aid disbursement amount changes or falls through during your abroad study program.

Important Information:

Deposits: The following amounts must be paid directly to CISabroad by the deadlines specified in your acceptance paperwork, regardless of your financial aid amount. Some programs may require one or more of the following deposits:

- \$200 **Application Deposit** (due with application)
- \$500 or \$1,000 **Housing Deposit and Program Deposits** (if applicable, due after acceptance)
- \$500 **Internship Deposit** (due 2 weeks after initial interview, Internship programs only)
- **Advance Payment:** If you are using financial aid, you are also required to make an advance payment on financial aid. See below for details

Advance Payment: All financial aid students must pay CISabroad **at least** \$500 (in addition to the \$200 application deposit) toward the cost of the program by the Final Payment Deadline, regardless of the amount of financial aid awarded. Students may be required to pay a higher amount if their program requires additional deposits.

***Students are notified of all required deposits upon acceptance.**

Payment Deadlines: Payment deadlines vary by program. See your acceptance email for your specific Final Payment Deadline and other potential payment deadlines. **It is your responsibility to complete your documentation by the Final Payment Deadline. Failure to make adequate financial arrangements will be grounds for withdrawal.**

Paying Your Balance: If you are receiving financial aid, you must submit a credit card number or post-dated check for the amount of your balance owed, made out to CISabroad, dated for three weeks after the disbursement date of your financial aid. CISabroad will deposit your check or charge your card approximately three weeks after your funds are disbursed if your payment in full has not been received by the CISabroad office. **Please reference page 4 to complete this process.**

Late Fees: Please note there is a \$25 per day fee for late payments and for bounced checks.

CISabroad PROOF OF FINANCIAL AID

**** This form must be completed by the Financial Aid Office at your home institution ****

Name of the Student: John Smith

CISabroad Program: Intern in Australia, 12 weeks

Term: Spring Year: 2015

Name of Student's Home Institution: SUNY Cobleskill

Student's Home Institution ID Number: 800123456

This form notifies CISabroad of the financial aid amount to be received by the student. Please list any aids that will be available to this student for the semester s/he plans to study abroad. Subtract any processing fees that will be deducted from the disbursement(s). If the fees are not known at this time, please use an approximate figure. Do not list aid that cannot be applied to CISabroad fees (i.e. aid that must be paid directly to your institution, or aid that must stay within your institution's state).

Please specify type of Aid (loan, grant, scholarship)	Gross Amount of Aid	Approximate Disbursement Dates	Actual Amount of each disbursement (minus any processing)	Check will be made PAYABLE to**: (circle one)	Check will be SENT to: (circle one)
Sample Scholarship	3,000	1/15/2015	3,000	Student/CISabroad	Student/CISabroad
Sample Loan	2,000	1/15/2015	2,000	Student/CISabroad	Student/CISabroad
				Student/CISabroad	Student/CISabroad
				Student/CISabroad	Student/CISabroad

**** IMPORTANT:** If any aid is made payable to the student, please be sure to have it sent to them directly.

Total Amount of Actual Aid: \$ 5,000

Please indicate the status of final approval for financial aid. If final approval has not been granted, CISabroad cannot apply it to your account.

- Final approval HAS been granted
 Final approval HAS NOT been granted

**** Additional comments (if final approval HAS NOT been granted)**

Signature of Financial Aid / Lending Officer: _____

Printed Name and Title of Financial Aid Officer: Jane Doe, Financial Aid Officer

Date: 11/25/2015 Email: financialaid@cobleskill.edu


Telephone Number: 518-255-5623 Fax: 518-255-5844

Office Address: 118B Knapp Hall Cobleskill, NY 12043

FINANCIAL AID PLAN

*** This form is your plan for using financial aid to pay CISabroad. You must return it to CISabroad by the final payment deadline. ***

PLEASE CHECK THE APPROPRIATE BOX BELOW:


- I will pay CISabroad in full by the payment deadline and will take care of all financial matters on my own. (This may apply to you if you are using financial aid that will be disbursed to you prior to the final payment deadline)
- My financial aid check(s) will be sent from my home institution directly to CISabroad at 17 New South Street # 301, Northampton, MA 01060. The check(s) will be made payable to "CISabroad" and CISabroad may deposit the funds and credit them to my outstanding balance. **(This must be confirmed by your financial aid officer on the Proof of Financial Aid form)**
- My financial aid check(s) will be sent from my home institution directly to me. The check(s) will be made payable to myself and I am responsible for paying CISabroad any outstanding balance on my own. **(This must be confirmed by your financial aid officer on the Proof of Financial Aid form)**
- I have granted Power of Attorney to my parent/guardian. My parent/guardian will receive and deposit my check(s) and will in turn send a check to CISabroad for my  outstanding balance within two weeks of disbursement of funds. (If you select this option your guardian must sign at the bottom of this page.)

Parent/Guardian Name: Jane Smith Relationship to Student: Mother

- Other:** If you have made arrangements to receive your funds other than what is described above, please attach a sheet providing explicit details of the arrangement.

FINANCIAL AID AGREEMENT

I, John Smith (name), understand that I am to receive \$ 5,000 (amount) in financial aid and/or loans which will be used to pay my CISabroad fees. The funds will be disbursed on 1 / 15 / 2015(date). This money will be used to pay my CISabroad program fees. I have arranged for the financial aid office at my home institution to sign the CISabroad Proof of Financial Aid form. When my financial aid is processed and if it is sent directly to me, I agree to send the funds to CISabroad or to countersign the check immediately. In addition to this paperwork, I have provided CISabroad with a credit card number or a post-dated check for the balance of my program fees, dated for three weeks after the disbursement of my financial aid.

I certify that I will pay CISabroad the full remaining balance of my program fees within 3 weeks of disbursement of my financial aid. If not, I understand  that I will be removed from the program and will not receive a refund. I also understand that my account might be transferred to a collection agency for which I will be responsible for paying the collection fees. Thereafter, any information disclosed to the credit bureaus will affect my credit report.


I certify that the above information is true and correct.

Student's Signature: John Smith Date: 11/25/2014

*Signature of Guardian: Jane Smith Date: 11/25/2014

*(This is required only if your parent/guardian will be dealing with your financial aid disbursements)

PROOF OF PAYMENT


*** This form is your guarantee of paying your account balance. You must return it to CISabroad by the final payment  deadline. ***

Name of the Student: John Smith

In the event that I received an amount less than I have indicated, or if I forgot to remit my financial aid to CISabroad, I understand that the following methods of payment will be used for paying the balance due to CISabroad. I also understand that I may not be able to take final exams and that my transcript will not be released until I have paid CISabroad in full.

Instructions: Please contact your Program Coordinator with your credit card information or mail this form to: CISabroad, Code: **Finance**, 17 New South Street, Suite 301, Northampton MA 01060.

Please check one:

- I am mailing a post-dated check made out to CISabroad for the entire amount of financial aid, which may be cashed 3 weeks  before my financial aid disbursement date.
- I authorize CISabroad to charge my credit card 3 weeks after my financial aid disbursement date. All credit cards are subject to a \$1.00 trial charge at the time of submission, which will be refunded to the card immediately (no fees will be charged).

Card Number: _____ Exp. Date: _____ CSC: _____

Credit card transactions are processed by Paypal and will incur a 1.9% Processing Fee included in the Total Charge above. Your statement will reference "Center for International Studies" as the payee.

INFORMATION ON PCI DSS (Payment Card Industry Data Security Standard)

Protecting the security and privacy of personally identifiable information ("Personal Data") is important to CISabroad; therefore, we conduct our business in compliance with applicable laws on data privacy protection and data security.

We strive to comply with a minimum set of security requirements when processing, transmitting, and storing cardholder data. And we regularly assess where cardholder data resides within our infrastructure in order to protect them.

- 1. Build and Maintain a Secure Network**
Our internal network uses firewalls to protect from unauthorized access from the Internet, whether via e-commerce, employees' remote desktop browsers, or employee email access.
- 2. Protect Cardholder Data**
Cardholder data is stored in a locked safe accessible by few designated employees to meet the needs of the business. We destroy this form after due payment is processed and do not store the information on a magnetic stripe, chip, or server.
- 3. Maintain a Vulnerability Management Program**
We systematically and continuously audit weaknesses in our payment card infrastructure system. This includes security procedures, system design, implementation, or internal controls that could be exploited to violate system security policy.
- 4. Implement Strong Access Control Measures**
Data is only accessed by authorized personnel according to job responsibilities. We grant access to only the least amount of data and privileges needed to perform a job.
- 5. Regularly Monitor and Test Networks**
System components, processes, and custom software are tested frequently to ensure security is maintained over time.
- 6. Maintain an Information Security Policy**
All employees are trained and aware of the sensitivity of cardholder data and their responsibilities for protecting it.

Return this form to: CISabroad, 17 New South Street, #301, Northampton MA 01060
Phone: 413-582-0407 Fax: 413-582-0327 Email: admissions@cisabroad.com