



# NEOSHO COUNTY COMMUNITY COLLEGE

800 W 14th St  
Chanute, KS 66720  
620.432.0330  
Fax# 620.432.0447

900 E Logan St  
Ottawa, KS 66067  
785.248.2839  
Fax# 785.248.2830  
finaid@neosho.edu

## Authorization to Apply Title IV Funds to Other Charges

2023-2024

Title IV Funds Include: Pell Grants PLUS Loans  
SEOG Stafford Loans

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First M.I. best to reach you (include area code)

NCCC Student ID # or SSN: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Once you submit your authorization, please allow 3-4 business days for your authorizations to update in your financial aid file.

If you have any questions about Authorizations, please contact The Financial Aid Office at [finaid@Neosho.edu](mailto:finaid@Neosho.edu).

1)  I authorize  I decline

NCCC to deduct from my Title IV Federal Financial Aid to pay my current allowable non-institutional charges. These charges being fees other than those required to take courses at NCCC. If I choose not to provide authorization to pay non-institutional charges with my Federal Financial Aid, I may receive a refund and still owe on my student account.

2)  I authorize  I decline

NCCC to deduct from my PLUS Loan funds to pay my child's current allowable non-institutional charges. These charges being fees other than those required to take courses at NCCC. If I choose not to provide authorization to pay non-institutional charges with my Federal Financial Aid, my child may receive a refund and still owe on his/her student account.

My authorization is for the 2023-2024 academic year at Neosho County Community College. I understand that I may rescind my authorization at any time by providing a written cancellation of my authorization to [finaid@neosho.edu](mailto:finaid@neosho.edu). I understand that I will be responsible for paying any outstanding debts to NCCC if I cancel this authorization. Cancellations are not retroactive and are effective as of the date received by NCCC.

### Signatures

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Stepparent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature required if awarded a PLUS loan.

**Please Complete, Sign, and Return to your NCCC Office of Student Financial Aid.**