

Financial Aid Authorization Form 2024-2025

Student's Full Name:	Student ID:	
Permanent Address:	City:	
State: Zip: Telep	hone Number:	
Program of Study: Traditional Undergraduate	Accelerated Degree Program Graduate	
<u>Federal Loan Confirmation</u> : This request can be choose are listed on the Shopping Sheet from Bloomfield Coll	anged at any time, but it is not retroactive. Award amounts lege or online at the MyBloomfield Portal.	
[] I decline Federal Direct Student Loans for the [] I do not wish to borrow the full amount I am	·	
Student Signature	Date Signed	
THIS FORM MUST BE COMPLETED WITH A <u>HAND WRITTEN</u> SIGNATURE. ELECTRONIC SIGNATURES ARE NOT ACCEPTED.		
I understand that if I receive a full scholarship University or Outside Sponsorships), I will be Award(s) will be reduced and or/eliminated, be based aid I receive.	,	

Communication Policy

Initial communications with new students will be by mail until the first day of class. Student Financial Services will send any official communications (i.e. shopping sheets notifications and or changes, requests for missing documents) via Bloomfield College of Montclair State University Student Email exclusively.

<u>Statement on Overpayment & Defaults</u>

I understand that I may not receive any Federal Title IV Student Aid (Federal Direct Student Loans, grants, etc.), or State funds if I owe an overpayment on any Federal Title IV grants.

I understand that I may not receive any Federal Title IV Student Aid (Federal Direct Student Loans, grants, etc.), or State funds if I am in default on a Federal Title IV loan. With proof of rehabilitation I may regain my eligibility for Federal Title IV aid.

<u>Financial Acknowledgement</u>

I understand that my Financial Aid Awards may have different renewal criteria, and I have reviewed them from the current course catalog.

I understand that registration at Bloomfield College of Montclair State University involves a financial obligation and promise to pay Bloomfield College of Montclair State University all amounts owed on my student account. I understand that if I receive financial grants or monies that do not cover the full tuition costs, or if I withdraw from or drop classes, I am responsible for the remaining balance due. I consent to Bloomfield College of Montclair State University the use of the following: written, electronic or verbal means to contact me as the law allows, including, but not limited to, contact by manual calling methods, prerecorded messages, emails and/or automated telephone dialing systems. I understand if I fail to pay my account, my account may be placed with a collection agency and I will be responsible for any additional collection or attorney fees.

Student Signature	Date Signed

DO NOT PRINT. THIS FORM MUST BE SIGNED WITH A HAND WRITTEN SIGNATURE

Helpful Links

MyBloomfield Portal: You can access your Shopping Sheet, Missing Information Requests, and Billing Statements. https://Mybloomfield.bloomfield.edu

Direct Loan Links: Direct Student Loan MPN, Entrance Counseling, and Parent PLUS Loan MPN www.studentaid.gov