



Student Request for an Advance of Excess Financial Aid

SUNY Empire State College offers an advance of pending financial aid funds of up to \$500. These funds are made available to students through the college's foundation. **All refund advances will be distributed through BankMobile Disbursements.** In order to request an advance of your excess financial aid funds, you must:

- be expecting a refund of excess financial aid funds equal to or greater than the amount of the advance; and,
- be registered and enrolled in the necessary number of credits required for your financial aid award(s), in courses that are applicable to your degree program; and,
- meet all eligibility requirements of your financial aid award(s), including: being matriculated in a degree-seeking program and maintaining all good academic standing requirements; and any other requirements that are specific to your award(s).

Student Section

Name _____

7-digit ESC student ID No. (not your SSN): _____

Note: Your ESC student ID No. can be found at the top of your account statement available at www.esc.edu/MyESC – click My Records followed by Account Statement.

Email address _____ Phone _____

Amount you are requesting _____ for the term _____

(Requests over the maximum will be reduced to \$500)

Checks cannot be picked up. If your refund preference is a paper check, please confirm your address on file at BankMobile Disbursements is accurate by visiting www.RefundSelection.com.

By signing this application, I certify that I meet the above criteria and that these funds will be used for my educational cost of attendance at Empire State College. I authorize the college to deduct the amount of the advance granted from my financial aid funds for repayment to the Empire State College Foundation. I agree that I am responsible for any balance owed that may occur if my enrollment status changes, I fail to attend or withdraw from any or all of my studies, or if I fail to maintain good academic standing. **I agree to pay back the advance if my financial aid is reduced or cancelled for any reason.**

Signature of applicant _____ Date _____

Please submit this form to Student Accounts, SUNY Empire State College, 111 West Ave., Saratoga Springs, NY 12866-6069 or fax it to 518-580-4790. Review of applications begins two-four weeks prior to the to the term start date. Applications received before that date will be held until that time. Applications received after Thursday, 4 p.m. of the add/drop week will not be considered. If approved, your account will be charged for the amount of your advance. Your advance will be processed through BankMobile Disbursements by the refund method you have selected: deposit into your own bank account; BankMobile paper check; or a BankMobile Vibe account. You will be notified by email if your application is denied. Please contact us at www.esc.edu/AskSA or visit www.esc.edu/Refunds if you have any questions.

Student Accounts Use Only

Received on _____ Review date/initials _____ Action: App Denied Hold FA

Before applying charge TERM XARI balance is \$ _____ and overall XARI balance is \$ _____

BankMobile refund preference as of review date: ACH Vibe account Paper check Undefined