**ATTENTION STUDENTS:** If you will be using financial aid to pay for the SEA Semester, this form must be completed by your Financial Aid Office and returned to Sea Education Association prior to your first payment as outlined on the SEA Expense sheet. *This form must be returned whether or not you are receiving financial aid.*

Student Name ___________________________  SEA Class # ________  
(Please Print)

I give my school permission to provide my Financial Aid Information to SEA Semester.

Student Signature ___________________________

*STUDENTS PLEASE NOTE:* If your home school has a direct billing program with SEA you are not required to fill out this form. Please verify this with your financial aid office or call Tara Grieb at SEA (1-800-552-3633 x 542).

1. If you will **not** be using financial aid to pay for your SEA Semester please check the statement below and return the form to our office.

   _____ I will **not** be using financial aid for my study abroad program with SEA.

2. If you will **will** be using financial aid to pay for your SEA Semester, please proceed to your financial aid office, where a financial aid officer *must* complete the remainder of the form.

**ATTENTION FINANCIAL AID OFFICE:** This form is for students participating in the SEA Semester program and allows students to defer payments made to SEA until aid from your office is disbursed.

Please check the following statements below that apply to the above named student:

1. _____ Student cannot receive any financial aid for his/her study abroad program with SEA.
   
   Reason ____________________________________________
   
   ____________________________________________

2. _____ Student will receive aid as noted below:

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<th>Type of Aid</th>
<th>Amount</th>
<th>Disbursement Date</th>
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Verification of Enrollment is required prior to disbursement of funds.

Consortium / Contractual Agreement is needed.

Agreement has been enclosed.

How will financial aid be disbursed? Please check a, b, or c below:

a) _____ Aid will be sent directly to Sea Education Association.
b) _____ Aid will be sent to the student’s permanent US residence.
c) _____ Aid will be placed in the student’s account at the home university

In the event the student departs for the sea component prior to financial aid being disbursed, what arrangements must the student make to allow parents/legal guardian access to the financial aid funds in order to finalize program payment?

__________________________________________________________

__________________________________________________________

__________________________________________________________

Financial Aid Officer

Name ______________________________________________________

Title ______________________________________________________

Signature _________________________________________________

Email _____________________________________________________

University Name ___________________________________________

Street Address _____________________________________________

City, State, Zip ____________________________________________

Phone ___________________________ Fax: ______________________

Please return this document by mail or fax:

Fax: 857.386.7986

Mail: SEA Student Services, P.O. Box 6, Woods Hole, MA 02543

This document contains sensitive financial information. Please do not return by email.