

**Stevenson University (SU) and Community College of Baltimore County (CCBC)
Nursing Dual Enrollment - Associate of Science in Nursing and Bachelors of Science in Nursing
Financial Aid Form**

Student Name: _____ Today's Date: _____
Address: _____
SU ID: _____ CCBC ID: _____
Date of Birth: _____ Semester/Year of Financial Aid: _____

***Note- If I am not receiving financial aid or my financial aid is not enough to cover both SU and CCBC bills, I understand that my CCBC bill must have payment arrangements established by the CCBC deadline.**

1. SU serves as the home institution for awarding and disbursing of financial aid during the student's matriculation while in the dual enrollment CCBC-SU nursing programs. As part of the approved Agreement, SU is responsible for paying the entire amount of Federal Financial Aid for which each student is eligible, based on the combined credits at SU and CCBC. Students will be responsible for applying their financial aid refunds from SU toward their CCBC expenses.
2. In order to track the students participating in this dual enrollment option, this form will be initiated through the Nursing Coordinator at Stevenson University Nursing Department or the Financial Aid Office at Stevenson University.
3. The form will then be sent to Director of Financial Aid at SU, with copies to, CCBC Bursar/Student Accounts Office, and CCBC Director of Financial Aid.
4. Upon receiving the completed form and all other required paperwork the SU Director of Financial Aid will copy the form and e-mail to the the Director of Financial Aid at CCBC one week prior to the start of the CCBC nursing semester and on a weekly basis.
5. After the student receives a financial aid refund from SU, **the student is responsible for paying CCBC** for the following expenses: tuition, fees, books, etc.

"I give my permission for Stevenson University (SU) to release to Community College of Baltimore County (CCBC) information pertaining to my student financial aid and tuition expenses for the purpose of determining available financial aid resources to be used at CCBC. I understand that I am responsible to pay my expenses at CCBC with my financial aid resources or with my own funds and can be dropped from the CCBC and SU Nursing Programs."

Student Signature

Date