



BIRTHINGWAY COLLEGE OF MIDWIFERY

12113 SE Foster Rd
Portland, Oregon 97266
503.760.3131

Community Student Financial Assistance

Please use this form if you are not matriculated in a Birthingway program but intend to pay for tuition and fees with financial assistance. Complete a separate form for each award you anticipate receiving. Submit this form to the Birthingway Front Office with your completed registration form. For questions, please contact Julia Reid, Financial Aid Officer, at (503) 760-3131 or by email julia@birthingway.edu.

Legal Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Term: Fall Winter Spring **Year:** _____

Awarding Agency Name (ex: Americorp) _____

Awarding Agency Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Award Type: Scholarship Grant Loan Other: _____

Anticipated Award Amount: \$ _____

Hold Authorization

Award funds will be applied only to tuition and fees. After current term tuition and fees are paid, Birthingway will release any remaining balance of aid funds to you by check within 14 business days of disbursement to your student account. You have the option of authorizing Birthingway to hold the balance of your financial aid award in your student account in anticipation of future charges. You may cancel this authorization at any time. In event of cancellation or modification, please allow 14 business days for a credit balance check to be issued. This authorization is only valid for the specific award funds listed on this form.

Hold Credit I am requesting that any credit balance be held on my account in anticipation of future charges. I agree to complete a *Credit Balance Request* form to receive a refund check for any credit balance held.

Refund Credit I do not authorize Birthingway to hold all or part of my credit balance.

Student Signature

Date

Office Use Only: Date/time/payment/initial _____
FIN _____ FAO _____ (Copy to FIN _____)