UNIVERSITY OF SOUTH ALABAMA

Certification of ANGEAP Benefits/Statement of Understanding

*****All items listed are required by the Office of Financial Aid to complete certification of your ANGEAP application. Failure to submit required items may result in processing delays. *****

☐ **ANGEAP Application:** Applications must be submitted before the last day to withdraw from the University **each semester**.
☐ **VRC- Veterans Request for Certification of Educational Benefits Form:** Applicant must complete a VRC with the Office of Veteran Affairs Office **each semester**.
☐ **FAFSA File Processed:** Applicant must complete the Free Application for Federal Student Aid (FAFSA) and University requirements.

1. I have read and understand the conditions outlined in the two-page ANGEAP application: _____
2. I understand that I must be enrolled in classes required for my degree and that changes in my enrollment status in a semester may affect my ANGEAP funding eligibility : _____
3. I understand that ANGEAP funding covers tuition and fees; payment will be made at the end of the semester. If my ANGEAP funding doesn't cover the total cost of my tuition/fees or the estimated payment amount is not received, I am responsible for the remaining balance to the University: _____
4. I understand that the Office of Financial Aid may place a memo on my student account for anticipated funding from ANGEAP. I also recognize that although the payment deadline may be waived as a result of the memo payment, the balance due will be maintained until all funds owed on the account are resolved: _____
5. I understand that if I should acquire financial aid (e.g., loans, grants and scholarships) that these funds will be applied and utilized first, regardless of the memo posted to my account for anticipated ANGEAP funding: _____
6. I understand that ANGEAP funds must be accounted for in my overall estimated cost of attendance/budget. Therefore, ANGEAP payments received could cause an over award, requiring reductions and/or cancellation of previously awarded federal student aid: _____
7. I understand that my ANGEAP funding will be determined based on the outstanding balance due of tuition and fees after all eligible resources have been applied. I acknowledge that the following benefits must be applied and deducted prior to calculating my anticipated ANGEAP: _____

    a. Federal VA Educational Benefits
    b. Federal Military Tuition Assistance "TA"
    c. Federal and State Grants, **including Pell Grant funds**
    d. All Scholarships and third party payments for tuition and fees

BY INITIALING EACH ITEM AND SIGNING THIS DOCUMENT, I UNDERSTAND, ACCEPT AND AGREE TO ALL TERMS OUTLINED ABOVE.

(SIGNED) (JAG #) (DATE)

OFFICE OF FINANCIAL AID
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