

12050 N. Pecos St, Suite 320  
Westminster, CO 80234 USA  
www.globalinksabroad.org



Toll Free: 1-800-980-0033  
Telephone: 1-303-446-2214  
Fax: 1-303-446-5955

**Financial Aid Disbursement Form**

This form is only applicable if you are:

- Paying for the entire cost of the program fees, housing fees and housing deposits (if applicable) directly to GlobalLinks Learning Abroad and you wish to be approved for a deferred payment schedule based on you utilizing Financial Aid to fund a portion of the related fees.
- Receiving financial aid through your US-based home university and you are considered a full-time student at your home university.

**NOTE: IF YOU ARE USING FINANCIAL AID FROM THE VETERANS AFFAIRS OR VIA THE GI BILL, PLEASE CALL THE GLOBALINKS LEARNING ABROAD OFFICE IMMEDIATELY AND ASK TO SPEAK WITH SOMEONE IN THE FINANCE TEAM.**

This form **is not** applicable if you:

- Are a participant from a home university that has a Direct Bill arrangement for a GlobalLinks Learning Abroad program.
- Are not enrolled as a full-time student at a US-based university while participating in GlobalLinks Learning Abroad program.

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**The student/participant is required to complete page 2 while an authorized individual from your Financial Aid office is required to complete page 3. Both pages should then be submitted together as indicated on page 3.**

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### Financial Aid Disbursement Plan

GloBaLinks Learning Abroad (GloBaLinks) realizes that many students rely on financial aid sources to fund their education. As a benefit to students receiving financial aid, GloBaLinks allows eligible financial aid recipients to defer payment of approved funding up to 30 days after the funding is scheduled to be disbursed as indicated on this form by the home university/financial aid office. It is critical that you complete this form accurately and comply with the instructions and deadlines. Failure to complete this form in its entirety as required may result in you being ineligible for a deferred payment schedule, at the sole discretion of GloBaLinks.

The due date for this form is specified on your To Do List in your MyLearn account. This due date is approximately 75 to 90 days prior to the start of the program in which you are participating.

**SECTION TO BE COMPLETED BY STUDENT (PLEASE PRINT OR TYPE)**

I, \_\_\_\_\_ (Student's Name), \_\_\_\_\_ (Student's Social Security Number)

\_\_\_\_\_ (Student's Email Address), currently enrolled at

\_\_\_\_\_ (Name of Home University), request a deferred payment schedule (see attached) due to my financial aid not being disbursed until after the GloBaLinks payment deadline. ***By signing below I personally guarantee payment to GloBaLinks for any and all fees related to my participation in the specified GloBaLinks program indicated below. All sections and fields must be completed on this form including those on page 3. If any fields are left blank, unless they are not applicable, GloBaLinks will not approve a deferred payment schedule based on your use of Financial Aid. For fields that are not applicable, please indicated these as N/A.***

Term \_\_\_\_\_ (Fill in Year) 20 \_\_\_\_\_

Program Location (Country/City) and Program Name \_\_\_\_\_

• **Secondary Payment Contact**

Please note that physical bills are automatically mailed to the permanent address we have on record to you. We also provide updated information via the MyLearn account you access on the Internet as well as sending information via email. In the event you are unresponsive to bills or miss a payment deadline, we will contact the Secondary Payment Contact. We also reserve the right to send periodic reminder account status emails and other communications to the emergency contact you designate in your MyLearn account. Person in the U.S. who can be contacted about payment related items (PLEASE PRINT).

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Email Address (If no email, please use postal address, but email is preferred)

\_\_\_\_\_  
Daytime Telephone

If any changes to my financial aid amounts or aid disbursement schedule occur, I am responsible for sending the revised information to GloBaLinks. I understand that I am responsible for ensuring that the fees due to GloBaLinks are paid in full, regardless of the status of any financial aid I am awarded. Therefore, if the amount of financial aid I get is less than I had expected, I will make payment to GloBaLinks using whatever other funds are necessary. All payments to GloBaLinks are to be made no later than 30 days after the indicated date the financial aid will be released by the home university. Failure to make payment in this time frame will result in your account with GloBaLinks being considered past due and GloBaLinks may pursue collection actions including but not limited to disenrolling you from the host university. In the event you complete your course work at the host university and there is an outstanding balance owed to GloBaLinks, GloBaLinks will not release your transcript(s) until your account is paid in full to GloBaLinks.

I understand that if financial aid payments are not made per this timeline, I am fully liable for any outstanding fees, including any late fees. Exceptions to these policies/timelines may be only be granted by the GloBaLinks Director of Finance. I also understand that I am fully liable for all fees as determined by the GloBaLinks Cancellation and Refund policy in the event I withdraw from the program. I authorize the Financial Aid Officer, the Financial Aid Office or University to release the disbursement information requested below to GloBaLinks, and also authorize the Financial Aid Officer, Financial Aid Office or University to release and provide any information requested by GloBaLinks regarding the status of my financial aid.

**Please note that you may need to coordinate the total amount of funds to be disbursed from your home university with the bursar's or business office.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

**TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR (PLEASE PRINT OR TYPE)**

Student's Name \_\_\_\_\_

**Financial Aid Disbursement Schedule**

I certify that estimated financial aid/scholarships for the above named student will be disbursed according to the following schedule (please add attachments for documentation or explanation of potential change to award if needed). Please provide all of the information requested.

Financial Aid Payment Schedule				
Type of Aid	Is Aid Approved or Pending?*	Amount in US Dollars	Date Aid will be Disbursed from School	Who will the Aid be sent to?
	<b>A - Aid is Approved; P - Aid is Pending/Not Approved/Student Has Applied</b>			<b>H - Student; U - Home University; G - GlobalLinks</b>

Net total amount of financial aid (from above) to be disbursed, after amounts due to home university and any loan administrative fees are deducted.  
 \$ \_\_\_\_\_. Net total amount to be sent:

- Directly to GlobalLinks \$ \_\_\_\_\_
- Directly to Student \$ \_\_\_\_\_
- Student Account at Home University \$ \_\_\_\_\_

**Please check or complete the applicable information below (if applicable):**

**A Verification of Enrollment (VOE) is required prior to the disbursement of financial aid.**

Name, telephone and fax numbers, and email address of contact to whom VOE is to be sent if different than the Financial Aid Administrator Indicated at the end of this form:

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**A Verification of Enrollment (VOE) is required but not necessarily prior to the disbursement of financial aid.**

Name, telephone and fax numbers, and email address of contact to whom VOE is to be sent if different than the Financial Aid Administrator Indicated at the end of this form:

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**A Consortium/Contract Agreement Is Required. Please include Agreement for GlobalLinks to sign and return, if applicable.**

I attest the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 Financial Aid Administrator Printed Name / Date

\_\_\_\_\_  
 Financial Aid Administrator Signature

\_\_\_\_\_  
 Financial Aid Administrator Email Address

\_\_\_\_\_  
 Financial Aid Administrator Daytime Telephone Number

\_\_\_\_\_  
 Financial Aid Administrator Facsimile Telephone Number

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PLEASE RETURN COMPLETED FORM TO: GlobalLinks, Attn: Finance Department  
 12050 North Pecos Street, Suite 320  
 Westminster, CO 80234

or via FACSIMILE: 303-446-5955