

Farmingdale State College

State University of New York

REQUEST TO USE PENDING FINANCIAL AID FOR COMMUTER MEAL PLAN

For information regarding Farmingdale State College Dining Services go to farmingdale.campusdish.com

To complete this form, you must be registered and have an eligible Financial Aid credit balance on your bill.

Last Name: _____ First Name: _____

RAM ID #: _____ Term (check one): Fall ____ Spring ____ Year _____

Commuter Meal Plan Requested (check one):

_____ Commuter Block 50 \$485.00
50 meal swipes at POPs, \$100 Declining Balance, meals should be used during 24/25 academic year

_____ Commuter Block 25 \$255.00
25 meal swipes at POPs, \$50 Declining Balance, meals should be used during 24/25 academic year

_____ Commuter Block 10 \$97.00
10 meal swipes at POPs, meals should be used during 24/25 academic year

_____ Additional DB Amount Requested \$ _____
\$50 minimum required purchase.

By signing this form,

I acknowledge that I am authorizing the use of my financial aid funds, which may include Title IV funds to pay for these commuter meal plan charges.

Federal regulations require the College to obtain written authorization from students so that we may appropriately apply the disbursements of Title IV financial aid funds to pay non-institutional charges, such as a commuter meal plan. Title IV funds include grants (PELL and SEOG) as well as loan funds (Direct Stafford Subsidized and Unsubsidized, and Direct Parent PLUS Loans).

I understand that the amount approved is subject to the amount of available Financial Aid credit I have for the current term. The request will be denied if I do not have the requested Financial Aid credit on my account. I can submit another form for the available amount.

I acknowledge that if there is a change to my account and my actual Financial Aid no longer covers the amount of my bill, that I remain responsible for the amount of charges applied to my account.

I understand that I remain responsible for the amount of the meal plan chosen even if the entire amount is not used.

I understand that failure to satisfy my bill by the payment due date will result in late fees, penalties and holds for future services being placed on my account. Furthermore, I understand my account will be turned over to the NYS Attorney General's office for collection if payment in full is not received.

Signature of Student: _____ Date: _____