



401 West 130th Street, New York, NY 10027
Phone 917.507.0070 - Fax 929.588.2119

ANTICIPATED FINANCIAL AID VERIFICATION FORM

Student's Last Name: _____ First Name: _____ M: _____

EMPLID #: _____ Name of College _____

I hereby authorize The Financial Aid Office to release my financial aid information to The Towers.

Student's Signature: _____ **Date:** _____

FORMS WITH DIGITAL / ELECTRONIC / TYPED SIGNATURE WILL NOT BE ACCEPTED

THIS SECTION IS TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Fall _____ tuition and fees ONLY: _____ Spring _____ tuition and fees ONLY: _____

1. Type of aid: _____ Award amount: _____ Anticipated Disbursement Date: _____

2. Type of aid: _____ Award amount: _____ Anticipated Disbursement Date: _____

3. Type of aid: _____ Award amount: _____ Anticipated Disbursement Date: _____

4. Type of aid: _____ Award amount: _____ Anticipated Disbursement Date: _____

5. Type of aid: _____ Award amount: _____ Anticipated Disbursement Date: _____

6: Parent PLUS **OR** Grad PLUS Award Amount \$ _____ Status: Pending Approved

Financial Aid Representative Name: _____

Signature: _____ **Date:** _____



Stamp / Seal Above

NOTE: The Towers will not receive a student's financial aid funds directly. It is strongly recommended that you consult with a Towers representative about your balance before spending any funds that you may receive.



All persons will be treated fairly and equally without regard to race, color, religion, sex, family status, disability, national origin, or source of income.

