Highline COMMUNITY COLLEGE

AGENCY FUNDING REQUEST FORM *FALL QUARTER 2009*

Complete and Return to the Financial Aid Office

Financial Aid Office, Building 6, MS 6-5
Located at S 240th Street and Pacific Highway S
PO Box 98000
Des Moines, WA 98198-9800

You must notify the Financial Aid Office after registering for classes if you plan to submit a voucher for tuition expenses. If we do not receive a valid voucher in a timely manner, you will be responsible for tuition expenses. This form must be submitted **each quarter** you receive agency funding.

	Fall	Winter	Spring
Bookstore accounts open	9/8/2009	12/21/2010	3/15/2010
Bookstore accounts close	11/10/2009	2/12/2010	5/11/2010

Student Information

Last *First* *MI* *SSN* *SID*

( ) *Phone* *Email*

Item Requested

Please indicate the item you are requesting:

☐ Bookstore account adjustments (processing takes 3-5 business days):
- ☐ I request $_____ for books and I have attached a list and total price of my required books, including tax
- ☐ I request $_____ for supplies and I have attached a list and total price of my required books, including tax

A LIST OF REQUIRED BOOKS AND PRICES CAN BE FOUND AT: http://www.highlinebookstore.com/

☐ I have attached my voucher for processing which I understand will take 3-5 business days to process.

☐ I have added a class to my schedule for fall quarter

Please indicate any other changes not listed above:

Required Signature

I understand the vouchers take 3-5 business days to process after being received. I understand that financial aid funding will not be reversed to apply agency funding if financial aid pays before the voucher is received. I affirm that the information provided in this form and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2009-2010 academic year as stated in the Conditions of Award, and Satisfactory Academic Progress Policy available on the Financial Aid website.

Student Signature _____ Date _____

Highline Community College is committed to the concept and practice of equal opportunity for all its students, employees, and applicants in education, employment, services and contracts, and does not discriminate on the basis of race or ethnicity, color, national origin, age, disability (handicap), sex, gender, sexual orientation, marital status, creed, religion, or status as a Vietnam-era or disabled veteran status, political affiliation, or belief, citizenship/status as a lawfully admitted immigrant authorized to work in the US, or presence of any physical sensory, or mental disability, except where a disability may impede performance at an acceptable level. In addition, reasonable accommodations will be made for known physical or mental limitations for all otherwise qualified persons with disabilities.

Students who need disability accommodations should contact Access Services in Building 99, 1st Floor, room 150 in Community & Employment Services, email: access@highline.edu, phone: (206) 878-3710 ext. 3857 TDD/VP (206) 870-4853.