



Financial Aid Office  
1 College Hill Road  
Newton, NJ 07860  
973-300-2225  
Email: [finaid@sussex.edu](mailto:finaid@sussex.edu)

**TITLE IV Financial Aid Funds: CONSENT to Apply Funds to Student Account Balance**

**Student Name:** \_\_\_\_\_

**SCCC ID:** \_\_\_\_\_

**CU ID:** \_\_\_\_\_

**Instructions:**

Students can elect to use TITLE IV financial aid funds (Pell Grants, Supplemental Educational Opportunity Grants and Direct Student Loans) and any/all other Sussex County Community College (SCCC) credits on their tuition accounts, to satisfy the student's outstanding Centenary University (CU) account balance. This action will only occur if the college/university has obtained the student's affirmative written consent. With this form, the student is hereby giving permission and authorization to Sussex County Community College (SCCC) to pay Centenary University (CU) directly for outstanding charges and will, therefore, expedite the settlement of the student's Centenary University account. \*\*\* Any change to this agreement must be requested, in writing, to the SCCC Bursar's Office.

Please return the completed form to the Sussex County Community College Financial Aid Office.

**TITLE IV FUNDS AGREEMENT:**

I hereby authorize Sussex County Community College to apply any credit balance on my tuition account, including but not limited to TITLE IV funds directly to the outstanding balance on my Centenary University student account for any and all outstanding/unpaid charges. I understand that this consent form will remain valid through the current academic year.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_