

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529



CARL
SANDBURG
COLLEGE™
www.sandburg.edu

Jump Start Financial Aid Advance Fall 2017

Complete and return this form by August 2, 2017.

Instructions and Conditions

Instructions

1. Read all instructions and conditions. **This form is valid for Fall 2017 only.**
2. Complete the Borrower information and sign. Incomplete forms will not be processed.
3. Submit to: Business Office, Carl Sandburg College, 2400 Tom Wilson Blvd, Galesburg, IL or fax to 309.344.3291.
4. If approved, your advance will be direct deposited to the bank account currently linked to your MySandburg Account. Otherwise, your advance will be mailed to the current mailing address shown on mySandburg. You can sign up for Direct Deposit under MySandburg, MyAccount, then Sign up for Direct Deposit for my Refund.
5. You must be enrolled for the academic term in which you seek the Jump Start Advance and have financial aid (grants only) remaining after tuition and other charges.
6. Forms are due by August 2nd for Fall semester and funds will be disbursed on or about August 7th.

Jump Start Advance Conditions

(Read Carefully)

1. The amount of your advance will be the **lesser** of:
 - \$300 - or -
 - 50% of the grant funds available on your account at the time of disbursement.
2. **Repayment:** The Jump Start Advance will be deducted from your financial aid prior to issuing any refunds.
 - a. If you lose your financial aid or credit balance for any reason, you are responsible to repay by **September 12th**. Repayment provisions are outlined in the advance form. Repayment can be made to: Business Office, Carl Sandburg College, 2400 Tom Wilson Blvd, Galesburg, IL 61401.
3. Students with debts from prior terms may not participate until the prior debt is paid.

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

LENDER: Carl Sandburg College 2400 Tom L Wilson Blvd Galesburg, IL 61401	BORROWER: Complete this section and sign below.
	Name:
	Address:
	City/ST/Zip
Student ID or last four SSN:	

LOAN DATE: August 2-7, 2017

Due Date: September 12th, 2017

AMOUNT: Lesser of \$300 or 50% of the grant funds available on your account at the time of disbursement

Annual Percentage Rate: The cost of my credit as a yearly rate	0%	Finance Charge:	0%
Amount of Payment: Due in full equal to the amount advanced.	When Payments are Due: September 12, 2017		
Late Charge: If a payment is late (more than 10 days after due) I will be charged \$25.00			
Prepayment: If I pay off this Note early, I will not have to pay a penalty.			
Promissory Note: Promise to pay. For value received, I promise to pay to you, or your order, at your address above a maximum principal sum of \$300.00. I agree to pay late charges in accordance with the provisions shown in the Truth in Lending Disclosures. Returned Payment Fee. I agree to pay a service charge of \$30.00 for each payment (check or automatic payment) returned unpaid.			
Security Agreement: To secure the obligation of this Note, I give you a security interest in the property described here: Any and all financial aid due me.			
Remedies: After I default, and after you give any legally required notice and opportunity to cure the default, you may at your option do any one or more of the following: <ul style="list-style-type: none"> • Make all or any part of the amount owing by the terms of this Note due. • Use any and all remedies you have under state or federal law, or in any instrument securing this Note. • Refuse to provide to me or others on my behalf, my transcript. • Refuse future enrollment. • Turn the account over to a collection agency or submit the account for collection through an offset of any State of Illinois refund due. • Set off any amount due and payable under the terms of this Note against my right to receive money or financial aid from you, unless prohibited by law. 			
Collection Expenses and Attorneys' Fees: On or after Default, to the extent permitted by law, I agree to pay all reasonable expenses of collection, enforcement or protection of your rights and remedies under this Note. Expenses include, but are not limited to, reasonable attorneys' fees, court costs and other legal expenses. These expenses are due and payable immediately. All fees and expenses will be secured by the Property I have granted you, if any. To the extent permitted by the United States Bankruptcy Code, I agree to pay the reasonable attorneys' fees you incur to collect this debt as awarded by any court exercising jurisdiction under the Bankruptcy Code.			
Signature: By signing, I agree to the terms contained in the Note. I also acknowledge receipt of a copy of this Note on today's date. Signature: _____ Date: _____			