



# KIIS Promissory Note

For Students Paying with Financial Aid/Scholarships

Student's Name: \_\_\_\_\_ KIIS Program: \_\_\_\_\_

Program Fee (minus airfare): \_\_\_\_\_ Estimated Airfare: \_\_\_\_\_

Program Term: \_\_\_\_\_ Expected Credit Hours: \_\_\_\_\_

Home College/University: \_\_\_\_\_ College/Univ. ID: \_\_\_\_\_

**INSTRUCTIONS TO STUDENT:** This form must be completed by a financial aid officer if you are receiving any type of financial aid or scholarships to pay for your KIIS program. This form is not required for Ball State, Berea, and WKU students.

Submit this form by:

Summer	Fall	Winter	Spring
April 15	June 1	November 15	December 1

**All students must make the first KIIS program payment (\$2000) regardless of financial aid.**

Note: All students must be paid in full prior to KIIS program departure whether financial aid has been released or not. If amount listed on promissory note will be paid by the college or university directly to KIIS, promissory note funds may arrive after the KIIS program departure.

In signing this promissory note, I, \_\_\_\_\_, understand that I am responsible for paying KIIS any funds released to me, including those intended to be disbursed to KIIS from my home institution. If I withdraw from the KIIS program after the first payment deadline, or if for any reason my financial aid is reduced or cancelled, I am still responsible for all applicable [KIIS program costs](#). I understand that by signing below, I am authorizing my home institution, listed above, to release my financial information to the Kentucky Institute for International Studies (KIIS).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS TO FINANCIAL AID OFFICER:** Please complete Part A: General Institution Information and Part B: Student Financial Aid Information for the above named student. If a Financial Aid Budget, Concurrent Enrollment form, or invoice is needed to process financial aid, please contact KIIS.

## Part A: General Institution Information

- When does your institution begin awarding aid for the above term? \_\_\_\_\_
- What is the earliest disbursement date for the above term? \_\_\_\_\_
- Are funds disbursed more than once? If yes, please include all dates. \_\_\_\_\_
- When does enrollment start for the above term? \_\_\_\_\_
- What is the minimum number of credit hours required to be loan-eligible for the above term? \_\_\_\_\_
- For Winter Term Students Only: Does your institution have a Winter term in which aid is available? If not, in which semester is aid available? \_\_\_\_\_

**RETURN TO KIIS BY FAX OR EMAIL ONLY. WE WILL ONLY ACCEPT NOTES FROM FINANCIAL AID OFFICERS OR KIIS CAMPUS REPRESENTATIVES**

Fax: (270) 745-4413

Email: [kiis@wku.edu](mailto:kiis@wku.edu)

## Part B: Student Financial Aid Information

1. Does the student have a valid FAFSA on file for this term?  Yes  No
2. Is the student aid eligible?  Yes  No
3. Is the student on any type of financial aid probation, warning, or appeal? If yes, please describe below.  Yes  No
- \_\_\_\_\_

4. The estimated total amount of aid available to this student that can be applied to this program is:   
*Note: please take into consideration if the student will be taking other courses at your institution or if they currently have an outstanding balance.*

5. Please complete the student's aid and/or scholarship information below. Attach additional sheets as necessary.

Loan #1 \_\_\_\_\_ Amount Offered \_\_\_\_\_ Amount Accepted \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

Loan #2 \_\_\_\_\_ Amount Offered \_\_\_\_\_ Amount Accepted \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

Scholarship #1 \_\_\_\_\_ Amount Awarded \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

Scholarship #2 \_\_\_\_\_ Amount Awarded \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

Scholarship #3 \_\_\_\_\_ Amount Awarded \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

Grant #1 \_\_\_\_\_ Amount Offered \_\_\_\_\_ Amount Accepted \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

Grant #2 \_\_\_\_\_ Amount Offered \_\_\_\_\_ Amount Accepted \_\_\_\_\_  
Expected Disbursement Date(s) \_\_\_\_\_ Disbursed To \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Officer Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Financial Aid Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Officer Email

\_\_\_\_\_  
Financial Aid Officer Phone

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