

# **KIIS Promissory Note**

## For Students Paying with Financial Aid/Scholarships

Student's Name:	KIIS Program:				
Home College/University: _	College/Univ. ID:				
				are receiving any type of financial aid or Ball State, Berea, and WKU students.	
Submit this form by:					
	Summer	Winter	Spring		
	April 15	November 15	November 15		
All students must make the first KIIS program payment (\$2000) regardless of financial aid or scholarships.  Note: If your award/aid will be disbursed directly to you, you must pay your full balance prior to KIIS program departure whether your award/aid has been disbursed or not.					
home institution. If I with financial aid is reduced, c	IIS any funds related and funds from the cancelled, not avecto my KIIS according to my KIIS a	leased to me, inc KIIS program af vailable, et cetera ount. I understan	cluding those in ter the first pay , I am still resp	, understand that I am ntended to be disbursed to KIIS from my ment deadline, or if for any reason my consible for all applicable KIIS program ccept all awards, loans, et cetera before I	
Student Signature			Dat	te	

**INSTRUCTIONS TO FINANCIAL AID OFFICER:** Please provide an award letter to the student that includes the required information below. A sample award letter is included in this document and should be provided to you by the student. If a Financial Aid Budget, Concurrent Enrollment form, or invoice is needed to process financial aid, please contact KIIS.

## KIIS Promissory Note Award Letter Required Information:

- Student Name
- College/University
- KIIS Program and Term
- Total accepted award/aid amount OR itemized accepted award/aid type(s) and corresponding total(s)
- Expected disbursement date(s) for each award/aid listed
- Disbursement recipient (student or KIIS)
- Financial Aid Officer Name, Email, and Phone

Please Note: We will only accept Promissory Note Award Letters for award/aid that has already been awarded to and/or accepted by the student. Anticipated/offered amounts will not be considered final and an additional letter would be required.



#### REQUEST FOR ADDITIONAL INFORMATION

[Student Name]
[Address]
[City, State xxxxx]

Office of Student Financial Assistance Northern Kentucky University Administrative Center, Room 416 Highland Heights, KY 41099-7101

Tel: (859) 572-5143 Fax: (859) 572-6997

Website: financialaid.nku.edu

E-mail: ofa@nku.edu

DATE
3/25/2018
AWARD PERIOD
Academic Yr, 2017-18

Student Number: xxxxxxxxx

#### Dear [Student Name]:

You have accepted financial aid in the amount of \$2000 for Summer 2018. The expected refund date for this aid is June 1, 2018. The financial aid will be disbursed to your direct deposit account if you have one set up with the university, or will be mailed out to you in a check on the Friday after the date listed above. You are in turn responsible for paying any KIIS Study Abroad charges.

If you have any questions, please feel free to email the Office of Student Financial Assistance at ofa@nku.edu or call (859) 572-5143.

Sincerely,
Office of Student Financial Assistance

[Financial Aid Officer Name] [Financial Aid Officer Email] [Financial Aid Officer Phone]