

MOUNT HOLYOKE

DISBURSEMENT FORM

Complete this form and submit it to Student Financial Services as soon as possible (by **June 1** for fall or full year, **December 1** for spring). *Mount Holyoke may not disburse any funds, whether loans or grants or other payments, until we have received this form.*

Student Information

Name _____ Class _____ E-mail _____

Social Security Number _____ Student I.D. Number _____

Period of Study Away (e.g., Fall '08) _____ Estimated Date of Departure _____

Home Address _____

Contact person at home (e.g., parent or guardian) _____

Telephone _____ Fax _____ E-mail _____

Program/University Information

List the name and address of the study abroad program, college, or university that you will be attending. If you will be enrolled in a university abroad under the auspices of a US-based program sponsor (e.g., the Arcadia University program at University College London), include the address of the sponsor (e.g., Arcadia University).

Program/University _____ Country _____

Address _____

Telephone _____ Fax _____ E-mail _____

Bank Account Information

Mount Holyoke will deposit the funds in the *US bank account* designated by you. **We will e-mail you with the dollar amount of the check to be sent to your bank.** Please list the bank and account information below, and **attach two blank deposit slips, with your name and account number:**

Name of bank _____ Account Number _____

Bank Mailing address _____

Name of account holder, if other than yourself _____

Student's Signature, authorizing Mount Holyoke to disburse funds as indicated above:

Student's Signature

Date

Parent's Signature (required only if your parents will be making any direct payments to your account, and/or participating in the 10-month payment plan and/or any parent loan plans)

Parent's Signature

Date