**Voluntary Consent to Direct HEERF III Emergency Grant Funds to Outstanding Loan Balance**

Coyne students who apply for and are awarded an emergency financial aid grant through HEERF III have the option to apply the grant directly to any outstanding tuition balance owed to Coyne.

The completion and submission of this form is completely voluntary. Coyne will not consider a student’s voluntary consent when determining whether to award an emergency grant or the amount of the emergency grant.

If a student wants Coyne to apply their emergency grant directly to their outstanding loan balance, Coyne will apply the entire emergency grant to the student’s outstanding tuition balance. If any amount of the emergency grant remains after it is applied to the outstanding tuition balance, unless a lesser amount is indicated, the remaining funds will be directed to the student in a check.

Students who want Coyne to apply their emergency grant directly to their outstanding tuition balance must complete and sign this consent form and return it to Coyne with their application for HEERF III funds.

If you have questions, please contact Heerf@coynecollege.edu.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and returning this consent form to Coyne, I voluntarily agree to have Coyne apply any HEERF III emergency financial aid grant that I may be awarded to my outstanding tuition balance. I understand that voluntarily consenting to have an emergency grant directed toward my outstanding tuition balance will not factor into whether I will receive an emergency grant, or the amount of an emergency grant I may receive.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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