



AWARD RESPONSE FORM
Financial Aid Office

Student's Name _____ Student I.D. NO _____

This form is required to be completed before any funds can be disbursed to you. The form must be received **WITHIN 14 DAYS OF RECEIPT** of your award letter.

- I authorize the College Office to deduct from financial aid funds any and all monies due Edison State College. I understand any balance owed to my student account is from authorized charges and financial aid funds will be applied to the balance owed. Student refunds will be distributed by the option the student chooses with the Edison One Card.

I understand that I **MUST** notify my Campus Financial Aid Office or Cashier if I **DO NOT** authorize deductions made to my student account for charges other than tuition and fees.

Student Signature

Date

Return this form to: Financial Aid Office
Edison State College
8099 College Parkway SW
Fort Myers, FL 33919-6210
Phone: 239-489-9336
FAX: 239-489-9127

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