10. Proof of Aid Verification Form

(Required only by those participants receiving financial aid)

To be completed by the Financial Aid Office

Dear SiPN Billing Coordinator, (Insert blank line here with enough space for the student name) will attend the Study in Portugal Network program during _____ (insert term). He/she will receive aid through _____ (insert University College name) in excess of his/her tuition charges. Excess funding, in the amount of $ _____ will be refunded to _____ (student name or SiPN) and S/he will be responsible for paying the remaining program balance. Funding should be available by _____ (date).

Sincerely,

Name of school official

Title:	
Phone Number:	
Email:	