



Corporate Full Tuition Grant Final Disclosure and Waiver/Annual Re-Confirmation of Funds

Revised 6/12/2018

This document is intended to serve as final confirmation of your decision to voluntarily and knowingly waive application for and receipt of federal student financial aid. Following the submission of this document you will no longer be asked to confirm this decision on an annual basis in your current academic program. This confirmation will stand until at such time you (1) would like to make changes to your current payment option selection, (2) withdraw from your current program, or (3) complete your current program. You must notify Ashford University in writing if you have reconsidered participation in the Corporate Full Tuition Grant (CFTG) and would like to apply for federal student financial aid or another payment method. Please read the following very carefully and initial and sign to acknowledge that you understand and agree with the statements in this form.

An important condition of the CFTG is that you agree **not** to receive any federal student financial aid (such as Pell grant and Direct Loans) while participating in the CFTG. **The choice to receive federal student financial aid or CFTG is yours and yours alone.** You may apply for federal student financial aid before you agree to this condition or at any point during your enrollment and Ashford University will assist you with the application process. However, if you choose to receive federal student financial aid, you will become ineligible for CFTG. Should you choose to receive federal student financial aid during the CFTG grant period, your participation in the CFTG program will automatically end, and you are responsible for any and all charges incurred for future courses outside of the CFTG. Loss of eligibility for the CFTG will be effective at the end of your current course.

To qualify for the CFTG program, students who have employer or third-party administration (TPA) required steps to ensure tuition reimbursement or direct bill payments are issued, must submit a signed Full Tuition Grant Student Credit Card Payment Authorization form with a valid credit card number (debit cards are not allowed unless endorsed by Visa or MasterCard). Tuition payment, excluding fees, will be deferred a maximum of 45 days from each valid course grade posting. This deferment is to give you ample time to follow your company's policy for reimbursement and send your company's payment to Ashford University. If Ashford University has not received payment for the course, this form authorizes Ashford University to charge your credit card 60 days after each valid course grade posts for tuition not to exceed the employer contribution for the CFTG year. The terms and conditions of payment deferral under this CFTG program are not contingent upon reimbursement by your employer, it is your responsibility to adhere to all of your employer's tuition assistance policies and procedures to ensure you receive full tuition assistance funding from your employer.

Student Acknowledgement

Please review and initial the following:

1. _____ I have been advised of the availability of funding under the federal student financial aid programs to assist in paying my educational expenses, including my tuition, fees, and living expenses, and of other financial aid resources available to me, including but not limited to the CFTG Payment Option, through the Ashford University Financial Aid Office.
2. _____ I am aware that the Net Price Calculator (<https://ashford.studentaidcalculator.com/survey.aspx>) is available to me as a resource to estimate the amount of Title IV funding I am choosing to waive while participating in the CFTG program.
3. _____ I choose to receive a Corporate Full Tuition Grant and agree not to receive federal student aid funds at this time.
4. _____ If at any time I decide to receive federal student financial aid, Ashford will assist me with the application process. I understand I will automatically lose my eligibility for the CFTG, and I will be responsible for any and all charges incurred outside of the CFTG period. Loss of eligibility will be effective at the end of my current course.

5. _____ I understand that my employer may have requirements that I must abide by in order to continue to receive my CFTG benefits.
6. _____ I understand that if I fail to meet the requirements for the CFTG then I will be personally responsible for the direct education related costs.

Furthermore, in order to maintain the CFTG benefits, you must (1) maintain employment with your current Employer, (2) follow your Employer's requirements, (3) submit documentation of tuition assistance eligibility or payment from your Employer, (4) not withdraw or be dismissed from Ashford University, (5) refrain from taking breaks from enrollment of greater than 14 days without an approved Academic Leave Request, (6) receive no more than two (2) un-reimbursable grades (defined as Ashford Unsuccessful grades as stated in the academic Catalog or outside of your employers approved grading scale), and (7) meet Satisfactory Academic Progress during the course of the program and not violate University policies outlined in the *Ashford University Academic Catalog*. If you successfully complete your degree program, then continuation will require a new application.

By signing this disclosure and waiver form, I agree to the above.

Student Signature: _____ Date: _____

Print Student First & Last Name: _____

Identifier (Date of Birth or Ashford Student ID): _____

Partner Representative Acknowledgement (Not required if Agency Voucher, Letter of Credit, Course Approval, or other approved education assistance document is provided)

_____ authorizes the above employee is eligible for the Corporate Full Tuition Grant. The maximum dollar amount of \$_____, is available to the student for each 12-month period starting on _____ (date) as long as student (1) continues to meet Employer's eligibility requirements, (2) has not yet completed her or his degree (continuation will require a new application), and (3) does not elect to discontinue participation in the CFTG program.

I certify that I am a representative of _____ authorized to complete this Partner Corporate Full Tuition Grant Acknowledgement form, and that the above information is accurate; I understand and agree to the roles and responsibilities outlined in the Corporate Full Tuition Grant Agreement.

Signature (Authorized representative): _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Email: _____

Second Signature (Authorized representative, if applicable): _____

Date: _____

Print Name: _____ Title: _____