

**Interior Designers Institute-Office of Financial Aid**

1061 Camelback Street Newport Beach, CA 92660

Phone: (949) 675-4451 **Fax:** (949) 759-0667**STUDENT FINANCIAL AID APPLICATION**

Please print, sign, and return all documents to the Office of Financial aid. Documents may also be submitted electronically through email.

Name: _____ **Student ID#** _____ **RGM#** _____
Last First Middle Initial

Gender: ☐ Male ☐ Female **Date of Birth:** _____ **Last 4 digits of SSN: xxx-xx-** _____

Address: _____
Number / Street City State Zip

Phone: Home () _____ **Cell ()** _____ **Work ()** _____

Email Address: _____ **Driver License #:** _____ **State:** _____

Number of dependents that live with you now, other than your children or spouse that you provide & will continue to provide more than 50% of their support: # _____

Educational data: ☐ High school diploma ☐ GED or equivalent ☐ Other _____
Name of school: _____ **City:** _____

Certificate, Diploma, Degrees earned within the USA or abroad by the applicant: ☐ Diploma/Certificate/Trade

☐ Associate Degree ☐ Bachelor Degree ☐ Master's Degree ☐ Doctorate Degree or PHD

Last college or university attended: _____ **Graduation date:** _____

Did you receive aid? ☐ Yes ☐ No **If yes, do you owe a refund or have you defaulted on a loan?** ☐ Yes ☐ No

Race/Ethnicity: ☐ White ☐ Asian ☐ Black or African American ☐ Hispanic/Latino ☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander ☐ Other (This information is required for statistical reporting to IPEDS, a contractor of the U.S. Department of Education.)

Entering term: ☐ Fall ☐ Winter ☐ Spring/Summer **as a:** ☐ Full-time ☐ ¾ time ☐ ½ time ☐ below ½ time

☐ First year student ☐ Transfer student for a ☐ AA degree ☐ BA Degree ☐ MIA degree (check all that apply)

Referral Information: How did you learn about the school? _____

Who referred you? _____ **When can you begin school?** _____

Emergency Contact Information:

Father's name	Mother's name	Spouse's name
Address		
City/ State/Zip		
Phone number		
Email		

The following information will be used to verify data on your FAFSA. IDI does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, sexual orientation, age, or disability in the administration of its educational policies, admission policies, scholarship and loan programs, or other school administered rights, privileges, programs, or activities generally accorded or made available to students. Students must maintain good academic standing to be eligible for Federal Loan Programs offered at IDI.

1. Citizenship: ☐ Yes, I am a United States citizen.

☐ No, I am not a U.S. citizen but I am a permanent resident or an eligible non-citizen.*

*Attach a photocopy of both sides of your Alien Registration card, Student Visa, form I-551, I-551C, I-94, etc.

☐ No, I am not a U.S. citizen but I have a permissible visa. My visa classification is:

☐ **F1** ☐ **F2** ☐ **J1** ☐ **J2** ☐ **Other:** _____

2. Housing: ☐ Rent-free. I will live at home with my parents (or a friend/relative)

☐ I am responsible to pay rent or mortgage without any assistance. Amt. \$ _____ / per month

☐ I will pay my share of rent or mortgage. Amt. \$ _____ / per month

3. Have you already filed/submitted your federal income tax return to the IRS?

☐ Yes ☐ No

If Yes: Have you used the IRS Data Retrieval Tool to transfer your tax data into your FAFSA?

☐ Yes ☐ No

If No and you WILL NOT FILE: Have you completed and submitted the "Non-Tax Filer Form 4506-T to the IRS?
(Form 4506-T is available through the Office of Financial Aid)

☐ Yes ☐ No

4. Do you expect to receive financial assistance from a source other than financial aid awards?

☐ Yes ☐ No

Examples of outside sources include AmeriCorps, VA Funding, and outside scholarships. Amount: \$ _____

Student Acknowledgment and Information Release Authorization and Statement of Educational Purpose

All students must read each of the following statements and sign below. If the statement appears to be inapplicable, please state the reason, and then sign.

- A. By regulations, the US Department of Education requires all applicants/students to provide a copy of their income tax returns directly from the IRS to prevent fraud. Thus all students are required to use the IRS Federal Tax Information (FTI) to transfer their tax return information from the IRS website directly to the FAFSA. I understand that failure to use the IRS FTI for my tax information will cause a delay in receiving financial aid.
- B. I have read the requirements for obtaining financial aid and that it is my obligation to apply for loans, scholarships, or other alternative funds in a timely manner. Failure to do so may require me to obtain funds from another source in order to meet my financial obligations to IDI.
- C. If my enrollment status changes during the term, I will contact the Office of Financial Aid and inform them. I understand that adjustments will be made on my aid and any excess funds will be returned to the original sources.
- D. I must maintain satisfactory academic progress as defined in IDI Policies for good academic standing. Failure to do so will result in the loss of eligibility of financial aid for future terms of enrollment at IDI.
- E. I further understand that my dissatisfaction with the educational services offered by the school does not excuse me, the borrower, from repayment of any Federal Student Loan(s) made to me while enrolled at IDI.
- F. By signing this document, I certify that I am the individual signing the Statement of Educational Purpose and that the Federal Student Aid I receive will be used for only educational purposes of enrollment at this school.

Please note students will receive a disbursement notice 3 to 5 days after the actual disbursement date. This notice will be sent to the student's school email address on file. The disbursements are sent to the student's account 30 days after the first day of classes.

I hereby give permission for IDI to release my student information to appropriate agencies, organizations, corporations, and/or persons in the course of any school's business or affairs for purposes of awarding scholarships or other financial aid awards.

Signature _____ **Date** _____

STUDENT REFERENCE LIST

Please provide at least 2 reference names, address, & phone numbers (not relatives or friends living with you).

Name	
Address	
City/State/Zip	
Phone	
Email	

Name	
Address	
City/State/Zip	
Phone	
Email	

Name	
Address	
City/State/Zip	
Phone	
Email	

Name	
Address	
City/State/Zip	
Phone	
Email	

BORROWER'S RIGHTS & RESPONSIBILITIES

We are required by federal law to advise you that, except in the case of a loan made or originated by the institution, your dissatisfaction with or non-receipt of the educational services being offered by this institution does not excuse you (the borrower) from repayment of any Federal Student Loan made to you (the borrower) for enrollment at this institution.

I UNDERSTAND THAT I HAVE THE RIGHT TO:

- Written information on my loan obligations and information of my rights and responsibilities as a borrower
- A copy of my Master Promissory Note (MPN) either before or at the time of my loan disbursement
- A grace period and explanation of what this means
- Notification, if I am in my grace period or repayment, no later than 45 days after a lender or servicer assigns, sells, or transfers my loan to another lender or servicer
- A disclosure statement received before I begin to repay my loan, which includes information about interest rates, fees, the balance owed and loan repayment schedule
- Deferment or forbearance of repayment for certain defined periods, if I qualify and if I request it
- Prepayment of my loan in whole or part anytime without any early repayment penalty
- Documentation that my loan is paid in full

I UNDERSTAND I AM RESPONSIBLE FOR:

- Completing exit counseling before I leave school or drop below half-time enrollment
- Repaying my loan according to the repayment schedule even if I do not complete my academic program, I am dissatisfied with the education I received, or am unable to find employment after I graduate
- Notifying the lender or loan servicer if I move or change my address, phone number, name, my employer's name and address
- Making monthly payments on my loan(s) after my grace period ends, unless I have a deferment or forbearance in place
- Notifying my lender or servicer of anything that might alter my eligibility for an existing deferment or forbearance

I have received Entrance Counseling online, I have read and understand my rights and responsibilities as a borrower, and I further understand that I have a loan from the federal government that must be **repaid**.

Signature_____Date_____

Authorization-Release of Information (FERPA)

A student must sign a new form each time giving authorization to any request made by a third party. I understand that I have the right to gain access to my records according to the school's and government Access to File Policies. I also understand that I have the right to authorize certain individuals/organizations to gain access to certain information in my student file. If I am a dependent student, I am not authorized to review the financial records provided by my parents. Furthermore, if I am 18 years or older, my parent(s) do not automatically have authorization to review or discuss with school officials any and all information related to my schooling.

Student hereby gives authorizations to: _____

Relationship to the student: _____

All information in the student files would be available to any governing state agency, accrediting agency, and federal agency during the process of reviewing the school's normal approvals, accreditations, eligibilities, and other matters conducted by those agencies without specific consent of the student and/or parent(s).

The **Family Educational Rights and Privacy Act (FERPA)** (20USC: 1232g; 34CFR Part 99) is Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under the applicable program of the US Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond high school level. Students to whom the rights have been transferred are "eligible students".

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reason such as distance, it is impossible for parents or students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the records, the parent or eligible student then has the right to a formal hearing. After the hearing, if a school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR 99.31).
 - School officials with legitimate educational interest, other school officials to which a student is transferring; specified officials for audit or evaluation purposes; appropriate parties in connection with financial aid to a student; organizations conducting certain studies for or on behalf of the school.
 - Accrediting organizations to comply with judicial order or lawful subpoena; appropriate officials in cases of health and safety emergencies; and state and local authorities within a juvenile justice system; pursuant to specific state law.

Schools may disclose, without consent, "directory" information such as student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents or eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in school bulletin, student handbook, or newspaper article) is left to the discretion of each school.

Certification & Signature:

I certify that all of the information reported on this statement is complete and correct. I certify that the above listed person may review my educational records. I further certify that I am the individual signing this statement and the financial student assistance received will only be used for educational purposes such as paying for the cost of attending IDI for the school year and up to my graduation date.

Signature: _____ Date: _____

RETURN OF TITLE IV FUNDS

The information below applies to all Title IV funds such as Pell Grants, Direct Subsidized and Unsubsidized Loans and the Parent Plus Loans.

Under federal guidelines, a student who wishes to withdraw or take a leave of absence must have the Office of Financial Aid perform a Title IV calculation of return of funds. This calculation determines the amount of earned versus unearned aid the student is allowed to retain. If a student completes more than 60% of the payment period, he or she is considered to have used the 100% of the Title IV funds for that period. In this case, no funds need to be returned. However, if the student takes a leave of absence or withdraws prior to completing the 60% of the term, the student would owe to the school any unearned aid. The school, in turn, would need to send back to the Dept. of Education this unearned aid on behalf of the student. This would create a balance due with the school for unpaid tuition. The student must therefore meet with the Business Office to discuss payment arrangements on this balance due.

After the calculation is completed, the student will receive an Exit packet in the mail directing them to complete the Exit Counseling online at www.studentaid.com website. Students should be reminded that their 6 month grace period will begin to count down once they withdraw or take a leave of absence from school.

LOSS OF ELIGIBILITY

A student can lose their eligibility for financial aid under the following circumstances:

1. An unauthorized leave of absence
 - a. Which is a leave of absence of more than 90 days (one quarter or term)
 - b. Which is a leave of absence of less than 90 days, but the student failed to complete the formal notification such as the Leave of Absence Form
 - c. When a student has a second leave in a twelve (12) month period.

The unauthorized Leave of Absence results in an automatic Withdraw from IDI, a request for future financial aid may be denied.

2. Being placed on academic probation, which is a GPA of 2.0 or below for two consecutive quarters or terms.
3. Failure to register for at least two classes each quarter, a minimum of 8.0 units; or failure to attend at least two classes per week.

Students who lose their eligibility for financial aid, or if aid is not available, may continue with class by arranging a payment schedule through the Business office.

I have read and understand the above information, Please sign and date the form below.

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF DISCLOSURES RECEIVED

I certify that I have received the disclosures indicated below, prior to my enrollment. Please initial each item that is understood and that has taken place. Items may be found on the schools website at www.idi.edu.

____ Information sheet on the physical job demands, employment opportunities, salary range, working conditions, safety hazards, and licensing requirements.

____ School's assessment rates, Federal disclosures of completion, retention rates, and placement rates. If applicable, passing rates on State Board Exams.

____ A copy of the school's catalog, student may download a copy from our website, see above for the address.

____ A copy of the School's Performance Fact Sheet.

____ I confirm that prior to my enrollment, I physically visited the school and I had the opportunity to observe classes and other instruction; talk with students and instructors, and tour the facility.

____ I have received a completed copy of the enrollment agreement/contract, indicating all school charges and terms of payments to meet the cost of the course of study.

____ I have applied for a student loan(s). I have been advised of my obligations to repay any Federal Student Loans that I could receive.

____ I certify that I have received the disclosures indicated below prior to the first day of class:

- a. Orientation class
- b. Satisfactory Academic Progress Policy
- c. Course outline for my course of study

DRUG & ALCOHOL ABUSE POLICY STATEMENT

In accordance with the Drug-Free Workplace Act of 1988 (PL 100-690), the Drug-Free Schools and Communities of 1989 (PL 101-226 and 34 CFR Part 84, Subpart F), this institution is committed to maintaining a drug-free workplace and drug-free school. Drug and alcohol can lead to liver, heart, and other chronic disease, low birth weight, birth defects and infant mortality in expectant mothers, and death. The unlawful manufacture, distribution, dispensing and possession or use of drug, alcohol or other controlled substances at this institution is strictly prohibited. Students and employees are required, as a condition of enrollment and/or employment, to abide by this policy.

To the extent allowed by local, state and federal laws, this institution will impose disciplinary actions against students and employees for violating these standards of conduct. These actions may include suspension, expulsion, and termination of employment, referral for prosecution and/or required completion of a drug and alcohol rehabilitation and/or similar program.

This institution, as required by federal regulation (34 CFR 85.635 and Appendix C) will report all employees convicted of a criminal drug offense occurring in the workplace to the US Department of Education. Consistent to these same regulations, employees, as a condition of employment, are required to provide written notice to this institution of their conviction for a criminal drug offense occurring at the workplace within five (5) days after the conviction. In addition, students receiving Pell Grants who are convicted of a criminal drug offense during the period of enrollment for which the Pell Grant was awarded are required by regulations to report that conviction in writing to the:

**Director of Grants and Services
United States Department of Education
400 Maryland Ave., SW
Room 3124, GSA Regional Office, Bldg. #3
Washington DC. 20202-4571**

This report must be made within 10 days after the conviction.

In addition to institutional sanctions, students and employees convicted of the unlawful possession or distribution of illicit drugs or alcohol could face local, state, and federal legal penalties which include the loss of eligibility for federal financial aid, fines, imprisonment and the seizure of drug related assets.

Drug awareness programs, counseling, treatment, rehabilitation and other related services are available on an ongoing bases to students and employees of this institution though:

Entity name	Orange County 2-1-1
Website	www.211OC.org
Phone number	2-1-1

Student and employees seeking assistance in overcoming a drug or alcohol related programs are encouraged to contact this organization. This institution continues to make a good faith effort to provide a school and workplace free from illicit use, possession or distribution of drugs and alcohol. This institution keeps track of incidents referred to the above agency or agencies and evaluates the performance of this institutional procedures every two years. A log of incidents and disciplinary actions is kept by the institution.

This institution policies and procedures are evaluated by the institutional administrators to determine their efficiency and need for updates. As needed, data is updated biannually and provided to prospective & current students via the institutional catalog online.

Signature: _____ Date: _____