



STUDIO
ARTS
COLLEGE
INTERNATIONAL

PROMISSORY NOTE FOR FINANCIAL AID

To be completed by the financial aid office at the student's home school. *If the form is submitted to SACI incomplete, it will be returned.*

If you are receiving financial aid from your home school to directly pay for some or all of the costs associated with attending SACI, you MUST submit the Promissory Note found on the reverse side of this letter to your home school's financial aid office and have them return the form to SACI as soon as possible. **If you will be paying your school for all of your SACI program costs, you do NOT need to submit this form.**

SACI must receive this form, or you will be held responsible for and be expected to pay the entire cost associated with attending SACI. You can find this amount on SACI fees sheet included in your acceptance packet. Please note: until SACI has received this completed form from your home school financial aid office, you are responsible for payment.

If the amount disbursed is less than the anticipated amount indicated in your Promissory Note, you will be held responsible for the remaining balance. If your funds are disbursed directly to SACI and the amount disbursed is greater than the amount on your invoice, a refund will immediately be sent to you via check.

Some financial aid offices require a *Financial Aid Consortium Agreement* to be completed and signed by SACI before sending a Promissory Note. If this is the case, please have the financial aid office fax the necessary forms to our attention at 212-248-7222.

If you have any questions regarding your financial aid, or the transfer of funds, speak with the financial aid office at your home school. If you have any additional questions about this form, please contact our office at 212-248-7225.

Directions: This form may be completed by using Adobe PDF Reader. Upon completion, you may print it and send it by post to the address listed at the bottom of the page, or send it by email to admissions@saci-florence.edu.

This letter confirms that payment in the amount of _____
Amount of financial aid per term*

for participant _____
Name of student

for the period _____
Term(s) Year(s)

at Studio Arts College International (SACI) will be released from the office on _____
Date

PROMISSORY NOTE FOR FINANCIAL AID, CONT.

To whom will the funds be disbursed? You must select one of the following options:

Student (Name): _____

Studio Arts College International (SACI) host program

** If the aforementioned student is attending more than one term per academic year at SACI, please specify the specific amount of financial aid to be awarded per term, and indicate in which term each amount will be disbursed.*

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE: _____

TITLE: _____ EMAIL: _____

DEPARTMENT: _____ FAX: _____

Please submit this form to:

Studio Arts College International
454 W 19th St
New York, NY 10011
USA

Form Revised: 09/2017