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**507 West 10th Street – West Point, GA 31833**

**Email:** **financial.aid@point.edu** **; Phone: 706-385-1462; FAX: 706-645-9475**

**BOOKSTORE ACCOUNT VOUCHER REQUEST FORM**

**Instructions:**

* To receive a bookstore account voucher you must be registered and have an eligible Financial Aid credit balance with the College.
* After completing this form and returning it to the Financial Aid department, there is a turnaround period of 2 to 3 business days before you can purchase your books.
* Once your voucher is approved, you will receive an email from the bookstore that you may purchase books through the use of this voucher.
* The maximum amount of money that you can receive is dependent upon your available credit.
* This book voucher is valid 10 days prior to the beginning of classes and 7 days after the start of the term.
* No cash will be returned at the time of redeeming this voucher.

**\*\* THIS VOUCHER IS GOOD FOR TERM 1- YOU MUST SAVE FUNDS FROM YOUR STIPEND TO PURCHASE BOOKS FOR TERM 2\*\***

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 Last Name: First Name:

SKYHAWK ID No: Voucher Request Amt:

Semester & Year: Fall Spring Summer Year:

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

By signing this form, I acknowledge that I am authorizing the use of my financial aid funds, which may include Title IV funds, to pay these charges.

 \*Please note that the amount approved is subject to the amount of available Financial Aid credit you have for the current semester. The approved amount may be lower than your original request or your request may be denied if you do not have the requested Financial Aid credit on your student bill. If your Financial Aid is reduced or removed from your bill after you use this voucher you will be fully liable for the amount requested. \_\_\_\_\_\_\_ Student Initial

If your Financial Aid is not listed on your student bill, it is your responsibility to contact the Financial Aid Office to see if there is a problem with your aid.

**FOR OFFICE USE ONLY**

\_\_\_\_\_\_\_\_\_ Amount Approved \_\_\_\_\_\_\_\_\_\_\_ Amount Reduced \_\_\_\_\_\_\_\_\_\_\_\_ Request Denied

\_\_\_\_\_\_\_ Campus Input Date \_\_\_\_\_\_\_\_\_\_\_\_\_ FA Representative Initials