



## Authorization for American Rescue Plan (ARP) Funds

This document directs Emmanuel College in the usage of the ARP funds granted to you. The ARP gives students the right to ask Emmanuel College to place the grant funds on your student account to assist in covering expenses you have accrued since March 2020 or toward any future institutional charges. These funds are allowed to cover charges such as tuition, housing, meals, and other accrued expenses.

If you elect to have Emmanuel College place ARP funds on your student account and there is a remaining credit balance after your charges have been covered the remaining credit balance can be applied toward charges for the upcoming academic year. You have the option to request the credit balance be returned to you instead of being held on your account. The remaining credit will be returned to you within 14 business days via direct deposit, if that has been authorized, or by check. Interest will not be earned on any credit held by Emmanuel College.

You are not required to continue enrollment at Emmanuel College this semester, or in future semesters, to receive ARP funds. This authorization may be withdrawn at any time by providing a written request to the Student Accounts Office at [studentaccounts@ec.edu](mailto:studentaccounts@ec.edu). Emmanuel will process the cancellation and forward the grant funds to you within 14 business days.

Please indicate your authorization for Emmanuel to apply ARP funds to your student account below

I authorize Emmanuel College to process my ARP funds in the following manner (select only one):

- Place the ARP funds on my student account to cover any current or future balance associated with tuition, housing, meals, or other college charges.
- Place the ARP funds on my student account to cover any current balance associated with tuition, housing, meals, or other college charges and return any remaining credit to me via direct deposit or check within 14 business days.

By signing below, I acknowledge that I am signing this authorization of my own free will and the choice to apply ARP funds to my account is voluntary. This authorization applies to all distributions of ARP funds. I understand the rights and responsibilities outlined in this authorization.

**Student Name:** \_\_\_\_\_ **EC ID:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_