

Proof of Aid Verification Form

To be completed by the Financial Aid Office

(REQUIRED ONLY BY THOSE PARTICIPANTS RECEIVING FINANCIAL AID)

Dear SiPN, _____
 will attend the Study in Portugal Network program during _____ (insert term).
 He/she will receive aid through _____
 (insert University College name) in excess of his/her tuition charges. Excess funding, in the
 amount of \$ _____ will be refunded to _____
 (student name or SiPN) and S/he will be responsible for paying the remaining program balance.
 Funding should be available by _____ (Date).

Sincerely,

Name of school official:

Title:

Phone number:

Email:

(Fill out and submit this document by printing, signing, and scanning to your computer. Then upload it to your SiPN protected account in the designated area of your application. If you have any trouble with scanning and/or uploading, please email your signed and completed documents to applications@studyinportugalnnetwork.com or fax to +351 21-392-8772)