



AB-19 First Disbursement Form

OFFICE USE ONLY

📌 Student Name: _____

📌 Student ID: _____

📌 Date of Request: _____

📌 Student Aid Index (SAI): \$ _____

First Disbursement Calculation

📌 First Disbursement Covers:

- *12 units x \$46 per unit = \$552 (Enrollment Fees)*
- *Books Allowance = \$500*
- *Total First Disbursement = \$1,052*

Disbursement Decision

Student Approved

Awarded Amounts:

- Fall 20____: \$ _____
- Spring 20____: \$ _____
- Summer 20____: \$ _____

💬 Approval Comments:



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Student Denied

Denial Comments:

Signatures & Approval

Dr. Joseph Koroma (Financial Aid Officer)

Signature: _____

 Date: _____

Dr. Freddie Ika (AB-19 Counselor)

Signature: _____

 Date: _____