

State Program Participation Agreement Instructions

- 1) When you open the DocuSign link you will be prompted to enter your information:

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Financial Aid Director

Your Name: *

Your Email: *

- 2) Next enter the Full Name and Email Address or the appointed signatory (president, chancellor, appointed designee):

President, Chancellor, or Designee

Name:

Email:

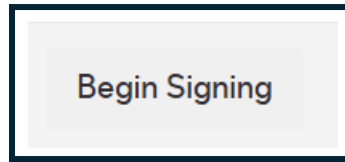
- 3) You will see the State Director for Financial Aid's name and email address – no action is required in this section:

State Director for Financial Aid

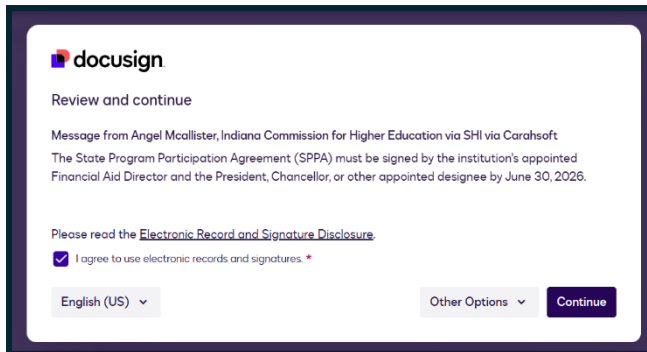
Name:

Email:

4) Click "Begin Signing":



5) Read and agree to the electronic record and signature disclosure:



6) Enter the Institution's information in each of the required boxes:

State Financial Aid Program Participation Agreement
Public Institution

Institution Name	Institutional Representative
Test Institution	Brooke Kile
Institution Address	
Sunnyside Lane, Indianapolis, IN	
001222	

Article I. Agreement

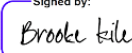
7) Be sure that your name is correct under 'Printed Name (institutional representative)' and enter your signature.

PUBLIC INSTITUTION
Brooke Kile

Printed Name (Institution Representative)

Director of Financial Aid

Title

Signed by:


Signature

5/27/2026

Date

8) Click 'Finish'



9) Next, the document will route to the university president/designee to sign.