



Office of Financial Aid
 Waycross Campus (912) 287-6584
 Jesup (912) 427-5800
 Alma (912) 632-0951
 Camden (912) 510-3327
 Hazlehurst (912) 379-0041
 Baxley (912) 367-1700
 Golden Isles (912) 262-4999
 Website: www.coastalpines.edu

Financial Aid Information Form

Aid Year: 2020-2021

Student ID#: _____

This form must be completed and returned to the Financial Aid Office each financial aid year beginning July 1.

Printed Name _____

List any other prior names used, including maiden name: _____

Date of Birth _____ Phone # _____

Mailing Address _____

City, State, Zip _____ County _____

What is your intended program of study? _____ Certificate Diploma Associate

Are you listed as a dependent on a parent or legal guardian tax return? YES NO (Must submit copy of state tax return.)

If you are under 24 and answered yes to the question above, you are a dependent student for the purpose of determining HOPE eligibility. As a dependent student, your residency will be the same as your parent or guardian.

Are you a GA resident? YES NO Date you moved to GA (mm/dd/yy) _____ (If born in GA, enter date of birth)

Is your parent or guardian a GA resident? YES NO Date your parent or guardian moved to GA (mm/dd/yy) _____

Must submit copies of any two documents from the following list for proof of residency:

GA income tax return, GA driver's license, GA voter registration card, GA state ID, or GA property tax card or receipt.

Do you have a GED? YES NO. If yes, was it obtained in GA? YES NO If yes (location) _____

Do you have a high school diploma? YES NO. If yes, was it obtained in GA? YES NO

Name of high school from which you graduated: _____ Date (mm/dd/yy) of graduation _____

Are you a veteran? YES NO (Must submit copy of DD214.)

Are you currently "active duty military," other than training? YES NO (Must submit copy of orders.)

CERTIFICATION STATEMENT ON REFUNDS & DEFAULT:

I certify that I do not owe a refund on any federal or state grant or loan, am not in default on any federal or state loan or have made satisfactory arrangements to repay any defaulted federal or state loan, and have not borrowed in excess of the loan limits under Title IV programs at any institutions.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I will use all financial aid monies received only for expenses related to my study at Coastal Pines Technical College. I agree to return any funds I have received for which I am not eligible.

CERTIFICATION STATEMENT ON USE OF CONTROLLED SUBSTANCES

I certify that, as a condition of financial aid, I must not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by financial aid.

Authorization:

Program regulations permit students to authorize use of Title IV financial aid funds (Federal Pell Grant and Federal Supplemental Education Opportunity Grant) for non-institutional charges. If you are eligible for Federal Financial Aid in excess of tuition and fees, and you wish to use this excess to cover other charges, you must authorize Coastal Pines Technical College to pay these charges from your account balance.

You may cancel this authorization at any time prior to incurring such payment of charges, but you may not cancel it once such payment of charges has been made on your behalf. By signing, I authorize Coastal Pines Technical College to use the appropriate funds to pay for allowable charges other than tuition and mandatory fees. Allowable charges that are not automatically paid by Student Aid Funds and therefore require authorization include books and supplies, malpractice insurance, instructional technology fee, parking fees, parking fines, lab fees, graduation fees, testing fees, dosimeter badges, program assessment examinations, on-line review courses, registry certification fees, simulated board and certification exams and any program specific fees.

Signature _____

Date _____

Equal Opportunity Institution