

Financial Aid Information Form

2017-2018

Student ID# _____



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

Printed Name _____ MALE FEMALE

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

Social Security # _____ Date of Birth _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

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

Which campus(es) will you attend? _____

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 high school diploma or a GED? YES NO

If GED, was it obtained in GA? YES NO Date _____ If yes (location) _____ If no (state) _____

Did you graduate from a Georgia high school? YES NO Date (mm/dd/yy) _____

Name of high school from which you graduated: _____

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

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

Have you previously attended Coastal Pines Technical College? YES NO Did you receive the HOPE Grant? YES NO

What is the DATE you last attended a university, college, or institute, if any? _____

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.

E-Signature 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 as indicated with a check mark to pay for allowable charges other than tuition and mandatory fees. Allowable charges other than tuition and mandatory fees 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. I agree this authorization has the same effect as an **e-signature authorization** and will be entered as such.

Signature _____

Date _____