



**EAST GEORGIA COLLEGE  
OFFICE OF FINANCIAL AID**

131 College Circle  
Swainsboro, Georgia 30401-2699

Phone: (478) 289-2009

Fax: (478) 289-2140

**\*\*\*\*\*2009-2010 SUMMER FINANCIAL AID APPLICATION\*\*\*\*\***

Completion of this application does not guarantee receipt of financial aid. Awarding of aid is based on eligibility and available funding.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

EGC Email Address: \_\_\_\_\_ Number of Hours Enrolled: \_\_\_\_\_

Type of Financial Aid Requested: Please check all that apply.

PELL \_\_\_\_ HOPE \_\_\_\_

STAFFORD LOAN: Subsidized \_\_\_\_ Unsubsidized \_\_\_\_ Both \_\_\_\_ Loan Amount: \_\_\_\_\_

Expected Graduation Date from East Georgia College: \_\_\_\_\_ Month \_\_\_\_\_ Year

List all courses you plan to take during the Summer Session: (Example: ART 1100, Art Appreciation)

\_\_\_\_\_  
\_\_\_\_\_

Which term(s) do you plan to attend? \_\_\_\_ Full (June 3-July 22) \_\_\_\_ Session II (June 3-June 24)  
\_\_\_\_ Session III (June 29-July 22)

Are you a Veteran? \_\_\_\_ Yes \_\_\_\_ No If yes, are you eligible for VA Educational Benefits? \_\_\_\_\_

Are you currently receiving financial aid at East Georgia College? \_\_\_\_ Yes \_\_\_\_ No\*

Have you completed the 2009-2010 Free Application for Federal Student Aid (FAFSA)? \_\_\_\_ Yes \_\_\_\_ No\*

NOTE: If you answered **No** to either of the questions above, you **must** complete the application process immediately. Begin by submitting this Summer Aid Request Form and your 2009-2010 FAFSA. You may complete the FAFSA on the Web at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). East Georgia College School Code is 010997.

Please be prepared to **pay out-of-pocket** for any tuition and fee payments that may not be covered entirely by your financial aid award.

*I certify that documentation submitted to the Office of Financial Aid, by me or any other person in my behalf, for the purpose of qualifying and awarding student aid is true and complete to the best of my (our) knowledge. I understand that East Georgia College determines financial aid eligibility based on all data available including any data that I and others provide. I understand that any inaccurate data, false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code. I agree to repay any awards I receive based on inaccurate data and/or funds I receive for which I am not eligible. I also understand that my Cost of Attendance (COA) may increase due to new budget regulations issued by the Board of Regents.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID

**OFFICE USE ONLY:**

SAP: \_\_\_\_\_

AID AWARDED: \_\_\_\_\_

FAO Initials: \_\_\_\_\_

\_\_\_\_\_