



**EAST GEORGIA COLLEGE
OFFICE OF FINANCIAL AID**

131 College Circle
Swainsboro, Georgia 30410-2699

Phone: (478) 289-2009

Fax: (478) 289-2140

******* 2009-2010 INSTITUTIONAL FINANCIAL AID APPLICATION*******

PLEASE PRINT:

1. Name: _____
(Last) (First) (Middle)

2. Student ID Number (if applicable) or Social Security Number: _____

3. Gender: ___ Male ___ Female

4. Address: _____
(Street) (City, State, and Zip Code) (County)

5. Are you a Georgia resident? ___ Yes ___ No

6. Home Phone#: _____ Work/Cell Phone #: _____

7. Are you a Veteran? ___ Yes* ___ No

*If yes, please submit a copy of your DD-214 and Certification of Eligibility/Notice of Basic Eligibility forms for processing of Veteran Educational Benefits.

8. Have you received Veteran Educational Benefits at another institution? ___ Yes* ___ No

*If yes, list the name of the last institution where you received educational benefits and submit a copy of Form 22-1995 or Form 22-5495, whichever is applicable.

9. Enrollment Status:

___ Beginning Freshman ___ Transfer Student
___ Transient Student ___ Readmission: Last Term Enrolled _____

10. Degree Seeking: ___ Associate in Arts ___ Associate in Applied Science

Program of Study: _____

11. I plan to attend: ___ Full-Time (12 or more hours) ___ Three-Quarter Time (9-11 hours)

___ Half-Time (6-8 hours) ___ Less than ½ Time (5 or less hours)

12. Anticipated Date of Graduation for East Georgia College: _____ Month _____ Year

13. Semesters you anticipate attending: ___ Fall 2009 ___ Spring 2010 ___ Summer 2010

14. List **ALL** college/universities/technical institutions you have **ever** attended. If applicable, include East Georgia College. You **must submit an official copy** of each transcript listed below to the Office of Financial Aid.

_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Have you received financial aid at another institution during the 2008-2009 academic year?

Check **all** that apply:

PELL _____ HOPE _____ ACCEL _____

STAFFORD LOAN: Subsidized _____ Unsubsidized _____ Both _____

16. Housing Status: _____ will be living with parents _____ will not be living with parents

17. Campus: _____ Swainsboro _____ Statesboro

18. Have you completed the 2009-2010 Free Application for Federal Student Aid (FAFSA)?

___ Yes ___ No*

(If **no***, you **must** complete the 2009-2010 FAFSA. You may complete the FAFSA on the Web at www.fafsa.ed.gov. EGC School Code is 010997.)

19. I have read and understand the Satisfactory Academic Progress (SAP) policy located at

<http://www.ega.edu/finaid/progress.htm>.

NOTE: Financial Aid funds are awarded based on eligibility and available funding. 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.

Applicant's Signature

Date

OFFICE USE ONLY:

SAP: _____

AID AWARDED: _____

FAO Initials: _____

2009-2010 Office of Financial Aid Institutional Application

*****Applicant Certification*****

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