



**EAST GEORGIA COLLEGE
OFFICE OF FINANCIAL AID**

131 College Circle
Swainsboro, Georgia 30401-2699
Phone: (478) 289-2009
Fax: (478) 289-2140

******* 2010-2011 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. EGC Email Address: _____
8. 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. For additional information, visit the VA website at <http://www1.va.gov/opa/newtova.asp>.
9. 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.

10. Enrollment Status:
___ Beginning Freshman ___ Transfer Student
___ Transient Student ___ Readmission: Last Term Enrolled _____
___ Accel Student

11. Degree Seeking: Associate in Arts Associate in Applied Science
 Program of Study: _____
12. 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)
13. Anticipated Date of Graduation for East Georgia College: _____ Month _____ Year
14. Semesters you anticipate attending: Fall 2010 Spring 2011 Summer 2011
15. 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.

_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Have you received financial aid at another institution during the 2010-2011 academic year?

Check **all** that apply:

PELL HOPE ACCEL

STAFFORD LOAN: Subsidized Unsubsidized Both

Requested Loan Amount: _____

New Entering Freshmen must be enrolled for 30 days before the first loan disbursement is released.

17. Housing Status: will be living with parents will not be living with parents on campus
18. Campus: Swainsboro Statesboro
19. Have you completed the 2010-2011 Free Application for Federal Student Aid (FAFSA)?
 Yes No*
 (If **no***, you **must** complete the 2010-2011 FAFSA. You may complete the FAFSA on the Web at www.fafsa.ed.gov. EGC School Code is 010997.)
20. I have read and understand the Satisfactory Academic Progress (SAP) policy located at <http://www.ega.edu/finaid/progress.htm>.

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.

21. *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: _____
