

11. List below all postsecondary institutions you have attended and are presently attending and all aid (if any) received: **(THIS INCLUDES ANY COLLEGES, UNIVERSITIES, OR TECHNICAL COLLEGES EVEN IF YOU DID NOT RECEIVE ANY FINANCIAL AID.)**

<u>Institution</u>	<u>Type(s) of Aid</u>	<u>Year Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**U.S. DEPARTMENT OF EDUCATION
WITHDRAWAL/ REPAYMENT POLICY**

When a student withdraws from all classes in which he/she is enrolled, federal regulations require the institution to determine the amount of Pell Grant, SEOG, and Loan funds the student earned based on the percent of days the student completed on the date of withdrawal. The portion of the federal funds that the student received that were not earned may have to be repaid. Once the student completes more than 60 percent of the enrollment period, the student has earned 100 percent of the federal funds.

If a repayment occurs, the student has 45 days from the withdrawal date:

- 1) To repay in full the unearned funds to Waycross College Business Office, or
- 2) To established a repayment plan with the Waycross College Business Office to repay the unearned funds. A repayment plan may not exceed 2 years.

If the student fails to comply with the above requirements, federal law requires Waycross College to:

- 1) Report to the National Student Loan Data Service that the student is currently in overpayment status on a federal grant, and
- 2) Refer the overpayment to the U. S. Department of Education (ED) for collection. A repayment plan may be established with the U. S. Department of Education. A repayment plan may not exceed 2 years.

Please be aware that you are not eligible to receive federal or state educational assistance until this debt has been paid or repayment arrangements have been made. When this debt has been paid in full or a repayment plan established, you may be eligible to receive federal and state educational assistance.

GENERAL CERTIFICATION

I hereby certify that the information submitted in this application is true, correct and complete to the best of my knowledge; that I fully understand the obligation incurred by my acceptance of any aid granted to me as a result of this application; and that any violation by me of any of the statements may subject me to forfeiture of my student financial aid award of the year of this application and/or denial of eligibility for renewal for the next academic year.

SIGNATURE: _____ **DATE:** _____

Academic Period Covered By Award(s) - August 20, 2007 - August 04, 2008