

WAYCROSS COLLEGE
FINANCIAL AID INSTITUTION APPLICATION
2010 - 2011 ACADEMIC YEAR

PLEASE COMPLETE AND MAIL TO: OFFICE OF FINANCIAL AID
WAYCROSS COLLEGE
2001 SOUTH GEORGIA PARKWAY
WAYCROSS, GA 31503

All questions are to be answered completely. All applicants for financial assistance must supply all required information and be fully accepted for enrollment before any consideration can be given to this request.

PLEASE CHECK ONE

I will be living with my parent(s)
during the 2010-2011 school year.

I will be living on my own or with someone other
than parent(s) during the 2010-2011 school year.

Ms.

1. Name: Mr. _____
(Last) (First) (Middle/Maiden) (Soc. Sec. #)

2. Permanent Address _____
(Number & Street) (City) (County)

(State) (Zip Code) (Home Telephone #) (Business Telephone #)

3. Date of Birth _____ Age _____ 4. Sex: _____ Male _____ Female

5. Resident of GA? Yes No If yes, How long have you lived in GA? _____

6. Academic Status: _____ Freshman _____ Sophomore _____ Transient _____ Transfer

7. I am requesting aid for: _____ Fall Semester 2010, _____ Spring Semester 2011, _____ Summer Semester 2011

8. I would like to be considered for:

Federal Pell Grant

HOPE Scholarship

Federal Supplemental Educational Opportunity Grant

Waycross College Foundation (Applications

Federal College Work-Study Program

available in the Development & Community Services Office)

Other (Specify) _____

HOPE Grant (ONLY Certificate Programs)

9. If you have requested Federal Work-Study, list special skills (Word, Excel, Power Point, Food Service, etc.)

10. What year did you graduate from high school? _____

IF YOU ARE ELIGIBLE FOR FINANCIAL AID IN EXCESS OF TUITION AND FEES, AND YOU WISH TO MAKE CHARGES (e.g., BOOKS, SUPPLIES, ETC.) USING YOUR VOUCHER, YOU MUST AUTHORIZE WAYCROSS COLLEGE TO PAY THESE CHARGES. IN ADDITION YOU MUST GIVE WAYCROSS COLLEGE AUTHORIZATION TO APPLY TITLE IV FUNDS TO NON-INSTITUTIONAL AND PRIOR TERM OR YEAR BALANCES AGAINST YOUR ACCOUNT. YOU MAY RESCIND THIS AUTHORIZATION AT ANY TIME PRIOR TO INCURRING SUCH CHARGES. HOWEVER, YOU MAY NOT CANCEL ONCE CHARGES HAVE BEEN MADE. THIS AUTHORIZATION IS VALID FOR FUNDS IN EXCESS OF TUITION AND FEES, BASED ON YOUR FINANCIAL AID ELIGIBILITY AND ENROLLMENT STATUS. IF AUTHORIZATION IS NOT GIVEN, YOU WILL BE RESPONSIBLE FOR PAYMENT.

I DO I DO NOT AUTHORIZE WAYCROSS COLLEGE TO: (1) CREDIT MY ACCOUNT FOR BOOKS, SUPPLIES, & PARKING DECAL (2) APPLY TITLE IV FUNDS TO NON-INSTITUTIONAL AND PRIOR YEAR BALANCES; AND (3) DEDUCT PARKING DECAL FEE FROM HOPE BOOK FUNDS IF ELIGIBLE FOR HOPE.

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 competed 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 18, 2010 - August 04, 2011