Middle Georgia College
Office of Financial Aid

For Office Use Only
Reviewed By: _____
Date Reviewed: ____ /____ / 2008
Application Complete: Y N

APPLICATION FOR FINANCIAL AID – SUMMER 2008

DEADLINE - APRIL 15, 2008

NOTE: This application is for students receiving aid for the current academic year who plan on attending one or more of the Summer Sessions. If you have not applied for aid for the 2007-2008 award year, you must complete a 2007-2008 Free Application for Federal Student Aid (FASFA).

INSTRUCTIONS: Return completed and signed application to: Middle Georgia College, Office of Financial Aid, 1100 Second Street, Cochran, GA 31014. You may fax this form to (478) 934-3448.

Name _____ Student ID# _____
Last First M.I.

Address _____ Home Phone (____) _____ - _____
_____ Cell Phone (____) _____ - _____

Have you attended any other college/university in the 2007-2008 academic year:
( ) Yes ( ) No If yes, name of the institution(s)_____

FINANCIAL AID POLICIES AND CONDITIONS OF AWARDS

1. Financial aid awards are subject to the availability of funds and regulations which govern each program. A student must be eligible to receive aid at the time of disbursement as governed by these regulations.

2. Recipients of financial aid are expected to adhere to Financial Aid Satisfactory Progress Standards as set forth in the Middle Georgia College catalog.

STUDENT CERTIFICATION AND AUTHORIZATIONS

1. I hereby certify that the information submitted on this application, as well as any other requested information, is true, correct, and complete to the best of my knowledge. I also understand that any violation of any statements given can result in the forfeiture of current financial aid and termination of future eligibility.
2. I certify that I am aware that I must make satisfactory progress toward my degree objective per the standards of satisfactory academic progress in order to continue to be eligible for financial aid.
3. I certify that I agree to notify the Middle Georgia College financial Aid Office of any unusual changes in my family or personal financial situation. I also agree to notify the office of any additional financial assistance which I may receive from other sources and I understand that such assistance may cause a change in the awards that have been offered to me.
4. I certify that I understand that if I fail to complete the application process by the **April 15, 2008** deadline, I should be prepared to pay all expenses incurred until my application is processed.

_____ _____
Date Signature of Applicant