

# Georgia Military College Financial Aid Office

201 East Greene Street Milledgeville, GA 30204

Web Site: <u>www.gmc.cc.ga.us</u> E-mail: <u>fahelp@gmc.cc.ga.us</u> Telephone: 478-387-4842 Fax: 478-445-1257

# 2013-2014 High School Status Form

Please submit this form to complete your application for financial aid.

1.	Student Name:					Student ID:		
	E-mail Address:							
	When will you begin attending GMC?		Quarter: 🔲 Fall 1 2013	🗌 Fall 2013	U Wint	ter 2014 🔲 S	pring 2014	Summer 2014

## 2. Please provide the following data <u>about the LAST high school program</u> you attended:

Program Type	Graduation Status			Actual or Expected Graduation Date
U.S.A. High School	Graduated	Still Enrolled	Will Not Graduate	/
Foreign High School	Graduated	Still Enrolled	Will Not Graduate	/
Georgia GED	Graduated	Still Enrolled	Will Not Graduate	/
Out-Of-State GED	Graduated	Still Enrolled	Will Not Graduate	/
Home School	Graduated	Still Enrolled	Will Not Graduate	/

#### U.S.A. High School Name or Home School Program Name:

City:	State:

### 3. Please check <u>one</u> of these boxes:

Name:

A. 🗌	I have already	graduated from a	U.S. high school,	, a foreign high sc	hool, or a GED program.
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- B. I have already graduated from an approved home school program.
- C. 🔲 I have not graduated yet, but I will graduate by August 2013 or before I begin attending GMC.
- D. 🔲 I will not graduate from any high school program.
- E. I am still pursuing my GED, but will complete it after I begin attending GMC.
- F. 🔲 I will still be attending high school or a home school program after I begin taking classes at GMC.

<u>If you chose A, B, or C</u>, you may be eligible to receive aid. You must submit a copy of your high school diploma, GED, home school diploma, or a high school transcript to the Admissions Office. Bring this form to the GMC Financial Aid Office. We must verify all the data before we make a decision.

If you chose D, E, or F, you are not eligible to receive any federal, state, or GMC Financial Aid until you graduate from this high school program

#### 4. Please sign below and return this form to our office.

I understand that if I purposely give false or misleading information on this form, I will be committing a federal crime, and could be fined up to \$20,000, sent to prison or both.

	Signature			Date	
Office Use Only:					
Revised FAFSA Answer: 🔲 1	2 3	4		F.A. Staff Initials:	
Does the information provided abo			s HSA Date Corrected:		
Is documentation in Image Now? 🗌 No 📋 Yes Verified By:					