

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:					