

Request for Financial Aid Award Letter

Last Name: _____ First Name: _____

Student ID #: _____ Day Phone: _____

DOB: _____ Email Address: _____ Cell phone: _____

Please specify what academic term and year you are applying for? _____

Will you reside on-campus or off-campus? _____ On-campus _____ Off-campus

What is your state of legal residence? _____ When did you become a legal resident? _____

What county do you reside in? _____

What is your permanent address? Street: _____

City: _____ State/Province: _____ Zip Code: _____

If you are a Georgia resident and will be requesting the Georgia Tuition Equalization Grant (GTEG) or Georgia HOPE Scholarship for the upcoming year, have you completed the required state application, GSF Application, for GTEG and HOPE at www.gacollege411.org? ☐ Yes ☐ No ☐ N/A or Out-of-State

If you answered no, please complete the GSF Application at www.gacollege411.org.

I have decided not to submit a Free Application for Federal Student Aid for the upcoming academic year. I realize I must submit this Institutional Financial Aid Request Form annually to request an award letter. I understand I am forfeiting my opportunity for the Piedmont College Financial Aid Office to determine my eligibility for all federal aid (grants and student loans), student employment through the federal work-study program, and other need-based aid.

By completing this form, I understand Piedmont College will determine my eligibility for institutional aid. I understand I should complete this form at least 90 days prior to the start of the upcoming academic year.

Student Signature

Date

Please submit to the Office of Financial Aid at Piedmont College

Po Box 10 | Demorest, GA | 30535

This form may be emailed or faxed

finaid@piedmont.edu

Fax: 706-778-0708