

Office of Financial Aid

1704 S. Slappey Blvd. Albany, Ga 31701 Finaid@albanytech.edu Fax: 229-430-6180



Student Name:	Student ID: 900
Desired Program:	Semester: ☐ Fall ☐ Spring ☐ Summer
Hope Grant. Misrepresentation of the facts in order t for the recapture of back-due charges and disciplinar all technical colleges. Moreover, the student may be	an associate degree program, you are not eligible for the o qualify for eligibility will expose the student to civil liability y action, including suspension or permanent exclusion from criminally prosecuted. This calculation will be processed by ffice after grades are posted to history. You will be notified
Please list all post-secondary schools you have atten	ded:
College – City, State	
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be completed until all transcripts are received 2. I also understand that depending on the circu	college I have attended and the eligibility calculation cannot d at Albany Technical College, Registrar's Office. umstances, my financial aid may be affected by the academic
	urs are reviewed to be eligible for the Hope Scholarship with
a maximum of 127 semester hours minus an4. I must have completed high school or GED re	•
Student Signature:	Date:
Office Use Only	
calculate	☐ Have Degree ☐ Not a GA resident ogram ☐ Not HS Scholar - just started
NSLDS ☐ Yes ☐ No Verified	
Financial Aid - Process By:	Date:

Registrar's Office - Process By:

Date: