

REBUILD SOUTHWEST GEORGIA

PROSPECTIVE APPLICANT FORM

APPLICANT INFORMATION					
Student ID#:	Full Name:				
Address:					
Phone:	Email:				
FINANCIAL AID INFORMATION					
Have you exhausted all Financial Aid? Yes No Are you receiving funds from any another sources? Yes No (If yes, list source(s)):					
HOUSEHOLD INFORMA	ATION				
Applicant Employment Status	s: Full-Time Part-Time	Unemployed	Full-Time Student	Part-Time Student	
How many people reside in th	side in the home? Total Household Income:				
Household Member #1 (Applie	cant):				
Name:		A	ge:	Income:	
Household Member #2:					
Name:		A	ge:	Income:	
Household Member #3:					
Name:		A	ge:	Income:	
Household Member #4:					
Name:		A	ge:	Income:	
All household members must provide current IRS taxes. If you are receiving Social Security Disability Insurance (SSDI), TANF, pension, annuity, etc., documentation must accompany application. PROGRAM INFORMATION					
	dit Program:		Academic \	Year:	
	Certificate of Credit (TCC) Diploma Ass				
Prior Education Level: Some	High School GED High School Diploma	Some College As:	sociates Degree Bache	elor's Degree	
SUPPORT SERVICES REQUESTED					
Tuition and Fees:	Transportation:	Child Care:	Counseling:	Tools:	
Program Uniform:	Other (Please Specify):				
REQUIRED DOCUMENTATION					
Please submit the following:	(1) Driver's License or a Permit (2) Proof (5) Account Summary from Banner (6) E			current year (4) Copy of Schedule	