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| <u>Office Use Only</u> |
| Notes: _____ |
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| <u>Office Use Only</u> |
| Final Decision: |
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Request for Financial Assistance

Note: Foundation South loans/grants are to assist students with emergency funds for expenses related to the student’s attendance at Wiregrass Georgia Technical College. The Foundation South serves Berrien, Brooks, Cook, Echols, Lanier, and Lowndes counties.

Instructions and Process

1. Student completes the application fully. Incomplete applications will be denied or delayed.
2. Student forwards the form to his/her instructor or advises the Foundation Staff of the instructor to contact for a reference. The instructor may forward the form directly to the Foundation South or return the form to the student.
3. The request will be reviewed and the Foundation Officer will notify the student of the decision.

Name: _____ Date: _____

Student ID#: _____ Phone(s): _____

Email(s): _____

Address, City, State, Zip: _____

Rent/Own: _____ Number of people currently living at your residence: _____

Have you ever received assistance from the Wiregrass Georgia Technical College Foundation South before?

YES ___ NO ___ If yes, when and what type of assistance? _____

Is this your first semester at Wiregrass? _____ Program of Study: _____

How many credit hours are on your schedule in Banner this semester? _____

By signing below, I give the Wiregrass Georgia Technical College Foundation South Office permission to check my records, financial aid, and any other information given on this form to process this request for assistance. I understand that false information will result in a denial of my request. If awarded assistance, I also give permission to use my name, picture, program of study and other directory information in media releases and reports.

Student Signature: _____ **Date:** _____

Statement of Need

1. What is reason for this request and how the funds would be used?

2. Attach copies of quotes/bills for the books, supplies, etc.

3. Attach copies of both your Financial Aid Status and Financial Aid Award. Here are the instructions to do so:

How to check your Financial Aid Status on BanWeb

Login to BanWeb at <http://banweb.wiregrass.edu> using your WGTC '900' ID or SSN and your 6-digit date of birth (example: 030575).

- Click on **Student Services & Financial Aid** and select **Financial Aid**.
- Click on **My Overall Status of Financial Aid** and select the current aid year (July 2014- June 2015) and submit.
- Click on **My Eligibility** and select **Student Requirements**. Here you may view the status of your financial aid application and check for any required documents. All requirements must be "*Received*" or "*Received and Satisfied*" for your financial aid file to be complete. Applications selected for verification may take up to 3 weeks to be processed.
- Print all pages.

How to Check Your Financial Aid Award on BanWeb

Login to BanWeb at <http://banweb.wiregrass.edu> using your WGTC '900' ID or SSN and your 6-digit date of birth (example: 030575).

- Click on **Student Services & Financial Aid** and select **Financial Aid**.
- Click on **My Overall Status of Financial Aid** and select the current aid year (July 2015-June 2016) and submit.
- Click on **Available (Authorized) Financial Aid**. Here you may view the authorized aid you can expect to have available in the bookstore to cover tuition, fees, books and supplies.
- Print all pages.

Financial Plan for the Future

How will you cover your educational expenses for your remaining semesters?

Employment Information

Employer: _____

Employer Address: _____

Business Phone: _____ Employed Full Time/Part Time: _____

Monthly Income from Employment: _____ Supervisor: _____

Is anyone else in your household employed? ___ Yes ___ No. If yes, list the relationship and income below.

Relationship:

Gross Monthly Income:

Educational Income

Pell Grant: ___ Yes ___ No /Amount Awarded this Semester: _____

SEOG: ___ Yes ___ No/ Amount Awarded this Semester: _____

HOPE : ___ Yes ___ No/ Amount Awarded this Semester: _____

Veterans Educational Benefits: ___ Yes ___ No/ Amount Awarded this Semester: _____

WIA: ___ Yes ___ No /Amount Received Weekly: _____

Student Loans: ___ Yes ___ No /Amount Awarded: _____

TAA/TRA/Other Federal Training Assistance: ___ Yes ___ No /Amount Received: _____

Other Educational Income: _____

Other Personal Income

Alimony: ___ Yes ___ No/Amount Received Monthly:\$ _____

Child Support: ___ Yes ___ No/Amount Received Monthly \$ _____

DFACS: ___ Yes ___ No / Amount Received Monthly: \$ _____ Caseworker: _____

WIC: ___ Yes ___ No /Amount Received Monthly: \$ _____ Caseworker: _____

Are you currently receiving unemployment? ___ Yes ___ No ___ / Amount received weekly: \$ _____

Social Security: ___ Yes ___ No /Amount Received Monthly \$ _____

Food Stamps: ___ Yes ___ No /Amount Received Monthly \$ _____ Caseworker: _____

Temporary Assistance for Needy Families (TANF): ___ Yes ___ No / Amount Received Monthly: \$ _____

Caseworker: _____

Instructor Recommendation

Student will provide this to instructor or student can initial here (_____) to have the Foundation Staff contact the instructor named below. The instructor may call or email the Foundation Office directly if preferred.

Name of Instructor: _____

Student's Program of Study: _____ Student is Enrolled Full Time ___ or Part Time ___

GPA: _____ Work Ethics Grade _____ Date of Anticipated Graduation: _____

Please comment on the student's performance in class and describe how this assistance is needed in order for the student to remain enrolled. Please write on the back of this page if needed.

Instructor Signature: _____ Date: _____

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Committee Member Recommendation (initial): Approved _____ Denied _____ Date: _____

Comments: _____

Committee Member Recommendation (initial): Approved _____ Denied _____ Date: _____

Comments: _____

Committee Member Recommendation (initial): Approved _____ Denied _____ Date: _____

Comments: _____

Committee Member Recommendation (initial): Approved _____ Denied _____ Date: _____

Comments: _____

Foundation Officer's Final Decision (initial): Approved _____ Denied _____ Date: _____

Comments: _____

Wiregrass Georgia Technical College does not discriminate on the basis of race, color, national origin, gender, age or disability. Any violation or questions may be directed to: **Shalonda Sanders, Title IX Coordinator (all campuses)**, Executive Director for Human Resources, Valdosta Campus, Berrien Hall, Room 114, (229) 333-5356 opt. 4 or shalonda.sanders@wiregrass.edu; or **Katrina Royal, Student ADA & Section 504 Coordinator (all campuses)**, Special Populations Coordinator, Valdosta Campus, Berrien Hall, Room 107, (229) 333-2100 ext. 1236 or katrina.royal@wiregrass.edu, for student ADA & student disability claims only. **Telephone numbers are accessible to persons who are deaf or hard of hearing through the [Georgia Relay](#) by dialing 711 or (800) 255-0056 from a TTY/TDD.**