## FINANCIAL AID INFORMATION SHEET

Student's Name : _			
Student ID Number	or Last Four Digits of Social Sec	urity Number:	
To be computed by t	the Financial Aid Office:		
College Budget:		Sources of Financial Aid:	
Tuition and Fees:	\$	HOPE Grant:	\$
Room and Board:	\$	Pell Grant:	\$
Books and Supplies:	\$	Student Loan:	\$
Other Expense:	\$	NDSL AND NSL:	\$
		College work-study:	\$
		SSIG/GTEG:	\$
		Other Scholarships:	\$
TOTAL:	\$	Total:	\$
	Net: \$		
Signature		Date	
Printed Name		Title	
Name of Institution:			
Daytime Phone Num	nber:		
Fmail Address			

\* If the student does not yet know where they will attend school this fall, or if there are timing issues with getting the financial aid office to complete this form, please contact the Foundation office at 478-750-9338 or scholar@cfcga.org.