

Central Georgia Technical College Lending Library Application

Name: _____ Phone: (____) ____ - ____ ID/SSN: _____

Program of Study: _____

Classification: Single Parent Displaced Homemaker Single Pregnant Woman Disabled

Gender: Male Female

Income:

Please check all sources of income or benefits that apply: TANF (Temporary Assistance for Needy Families)

Wages from Work WIA Pell Grant Veterans Benefits HOPE

Unemployment Other _____

Employment: Are you currently employed? Yes No If yes, is your job full-time or part-time? _____

Please provide a detailed explanation of why you need assistance.

If approved for assistance, what provisions have you made to be able to cover the cost of textbooks for future quarters?

Income will be verified by referencing this application with Financial Aid records on file. I hereby give my consent for the college personnel to certify my eligibility. I further certify that the information in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection of this application.

Signature of Applicant

Date

Signature of Staff

Date