



Office of Financial Aid  
 Waycross Campus (912) 287-6584  
 Jesup (912) 427-5800  
 Alma (912) 632-0951  
 Camden (912) 522-4511  
 Hazlehurst (912) 379-0041  
 Baxley (912) 367-1700  
 Golden Isles (912) 262-4999  
 Email: [finaid@coastalpines.edu](mailto:finaid@coastalpines.edu)  
 Website: [www.coastalpines.edu](http://www.coastalpines.edu)

**Financial Aid Information Form**

Aid Year: **2021-2022**

Student ID#: \_\_\_\_\_

**This form must be completed and returned to the Financial Aid Office each financial aid year beginning July 1.**

Printed Name \_\_\_\_\_

List any other prior names used, including maiden name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Are you listed as a dependent on a parent or legal guardian tax return?  YES  NO (May need to submit copy of state tax return.)

**If you are under 24 and answered yes to the question above, you are a dependent student for the purpose of determining HOPE eligibility. As a dependent student, your residency will be the same as your parent or guardian.**

Are you a GA resident?  YES  NO

Is your parent or guardian a GA resident?  YES  NO

**Must submit copies of any two documents from the following list for proof of residency:**

**GA income tax return, GA driver's license, GA voter registration card, GA state ID, or GA property tax card or receipt.**

Do you have a GED or high school diploma?  YES  NO. If yes, was it obtained in GA?  YES  NO

Name of high school from which you graduated (If applicable): \_\_\_\_\_

Date (mm/dd/yy) of graduation \_\_\_\_\_

Are you currently "active duty military," other than training?  YES  NO (May need to submit copy of orders.)

**CERTIFICATION STATEMENT ON REFUNDS & DEFAULT:**

I certify that I do not owe a refund on any federal or state grant or loan, am not in default on any federal or state loan or have made satisfactory arrangements to repay any defaulted federal or state loan, and have not borrowed in excess of the loan limits under Title IV programs at any institutions.

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I will use all financial aid monies received only for expenses related to my study at Coastal Pines Technical College. I agree to return any funds I have received for which I am not eligible.

**CERTIFICATION STATEMENT ON USE OF CONTROLLED SUBSTANCES**

I certify that, as a condition of financial aid, I must not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by financial aid.

**Authorization:**

Program regulations permit students to authorize use of Title IV financial aid funds (Federal Pell Grant and Federal Supplemental Education Opportunity Grant) for non-institutional charges. If you are eligible for Federal Financial Aid in excess of tuition and fees, and you wish to use this excess to cover other charges, you must authorize Coastal Pines Technical College to pay these charges from your account balance.

You may cancel this authorization at any time prior to incurring such payment of charges, but you may not cancel it once such payment of charges has been made on your behalf. By signing, I authorize Coastal Pines Technical College to use the appropriate funds to pay for allowable charges other than tuition and mandatory fees. Allowable charges that are not automatically paid by Student Aid Funds and therefore require authorization include books and supplies, malpractice insurance, instructional technology fee, parking fees, parking fines, lab fees, graduation fees, testing fees, dosimeter badges, program assessment examinations, on-line review courses, registry certification fees, simulated board and certification exams and any program specific fees.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Equal Opportunity Institution