



# EMMANUEL COLLEGE

## FINANCIAL AID APPLICATION

Please return to the Office of Financial Aid  
PO Box 129 • Franklin Springs, GA 30639  
Phone: 706-245-2843 or 800-860-8800  
Fax: 706-245-2846 • financialaid@ec.edu

### 1. GENERAL INFORMATION (Please print in ink)

Full Name: \_\_\_\_\_  
Last First Middle Initial Maiden Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female  
MM DD YYYY

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date you became a legal U.S. citizen: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-mail Address\*: \_\_\_\_\_  
MM DD YYYY \*Returning students use your EC e-mail account. New applicant use an alternative e-mail account until an EC e-mail account is provided to you.

I will:  live in a residence hall  live with parent(s)/guardian  live with spouse/other

Intended Major: \_\_\_\_\_ Expected Graduation Date from EC: \_\_\_\_\_ / \_\_\_\_\_  
MM YYYY

I would like to be considered for financial aid for the following term(s): NOTE: EC's financial aid year begins with the fall semester and ends with the summer semester.  
 Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_  
YY YY YY

### 2. FEDERAL FINANCIAL AID

Many Financial Aid Programs require the Free Application for Federal Student Aid (FAFSA) to be completed. Please select from the following:

- I will file the FAFSA. You are encouraged to submit a FAFSA as soon as possible. Visit <http://www.ec.edu/FinancialAid/fafsa.asp> for more information.
- I will not file the FAFSA. By not filing the FAFSA, I understand that I waive my opportunity to receive the Federal Pell Grant, Federal Supplemental Education Opportunity Grant (SEOG), Federal Academic Competitiveness Grant, Federal SMART Grant, Federal Work-Study (FWS), Federal Stafford Loan, Federal PLUS (Parent) Loan, and Leveraging Education Assistance Program (LEAP).

### 3. STATE OF GEORGIA FINANCIAL AID (Georgia Residents Only)

To be awarded, an online Georgia Tuition Equalization Grant (GTEG) and HOPE Scholarship Application must be completed. If you have not already done so, please apply online at <http://www.ec.edu/FinancialAid/HOPE.asp>. Please check the other scholarships that may be available to you.

GTEG (Must be enrolled full-time.)  Hope Scholarship  Other: \_\_\_\_\_ Date you became a legal GA resident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

If you **will not** file the FAFSA and if you are single under the age 24 and do not have children, you must provide information listed below.

Parents' Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date your father became a legal resident of GA: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date your mother became a legal resident of GA: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY MM DD YYYY

### 4. INSTITUTIONAL FINANCIAL AID

Indicate programs for which you would like to be considered (Visit <http://www.ec.edu/FinancialAid/falist.asp> for more information.):

- Faculty/Staff Qualified Tuition Reduction – Name of full-time employee at EC: \_\_\_\_\_
- Family Discount – Name(s) of sibling(s), dependent(s), spouse or parent who will be attending EC full-time: \_\_\_\_\_
- Senior Citizens Discount – Tuition discount is available to students who are 65 years of age or older.

### 5. OUTSIDE SCHOLARSHIPS, GRANTS OR LOANS

List any outside scholarship(s), grant(s), or loan(s) you will be receiving for the upcoming academic year below. To be included with your financial aid, please submit official notification (on letterhead) from the scholarship organization, including the recipient's name and scholarship amount.

Name of Award and Amount: \_\_\_\_\_ \$ \_\_\_\_\_ This award is \_\_\_ one time only \_\_\_ awarded annually

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