

# VERIFICATION OF FINANCIAL AID FOR A THIRD PARTY



Student Name \_\_\_\_\_ ID \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ has been approved for student financial aid in the amount of \$ \_\_\_\_\_ over a time period from \_\_\_\_\_ to \_\_\_\_\_. This amount may be adjusted due to changes in the enrollment status.

He (she) is eligible to re-apply for these funds every nine months as long as he (she) continues to be registered at least half-time and maintains Satisfactory Academic Progress.

If you need further assistance, please contact us at (770) 426-2901.

The Office of Financial Aid

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_