

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) 426-2700.

The Office of Financial Aid

Signature _____ Date _____

Name _____ Title _____