

Atlanta Metropolitan College

Financial Aid Application

Name: _____ SSN: _____

Address: _____
(City) (State) (Zip)

Home Phone: () _____ Work Phone: () _____ Date of Birth _____

Will this be your _____ year at Atlanta Metropolitan College?
First Second Third Fourth

Have you attended any other college, university or technical school? Yes No

Are you a Georgia resident? Yes No

Will you be living: off campus with parents/relatives

If you will be receiving scholarships other than state or federal aid, please list the scholarship and amount below:
(Example, athletic scholarships and scholarships from outside the College)

Name of Scholarship

Amount

ARE YOU ELIGIBLE FOR THE HOPE SCHOLARSHIP? YES ____ NO ____

Please estimate your total family income:

0 - \$20,000 \$20,000 - \$30,000 \$30,000 - \$40,000 \$40,000 - \$50,000

\$50,000 - \$75,000 \$75,000 + (If less than \$50,000, you must file a FAFSA.)

Total no. in household: _____ Number attending college: _____

If you received the Hope Scholarship at another school, you must furnish us with a Financial Aid Transcript from that school in order for the Hope to be awarded at Atlanta Metropolitan College.

Do you plan to participate in a varsity sport? Yes No If yes, what sport? _____

Intended major area of study: _____

Will you be applying for federal aid? Yes No

I certify that the information on this form is true and accurate to the best of my knowledge.

Student's Signature

Date

Student Loan Information: If you are interested in student loans, please read and complete the following information. This document will be used to start the loan process. A Promissory Note will then be sent to you from the Georgia Student Finance Authority. Once that form is completed, your loan will become "real."

Name: _____ SSN: _____

Address: _____
(City) (State) (Zip)

Phone: () _____ Date of Birth: _____

Driver's License State and No.: _____

Date Became a Georgia Resident: _____ Anticipated Graduation Date: _____

Lender Choice: _____ Loan Amount Requested: _____

References: First reference (must be parent or guardian) Second reference (relative or friend)

Name: 1. _____ 2. _____

Address: _____

City/State/Zip: _____

Phone: () _____ () _____

Relationship: _____

Borrower Authorization

By my signature, I hereby authorize Atlanta Metropolitan College to process my student loan. If my school participates in electronic funds transfer (EFT), I authorize the school to transfer the loan proceeds received by EFT to my Student Account.

I understand that my Federal Stafford Loan will enter repayment upon the expiration of my grace period. The grace period ends six months after I graduate, withdraw, or otherwise drop below half-time enrollment.

 Borrower's Signature

 Date

FINANCIAL AID USE ONLY:

Loan Period: _____ To _____

Cost: _____

Grade Level: _____

EFC: _____

Graduation Date: _____

Fin. Aid: _____

Disbursement Dates: _____

Need: _____

- 1. _____ 2. _____
- 3. _____ 4. _____

SUB LOAN AMT: _____

Date Transmitted to GSFC: _____

UNSUB LOAN AMT: _____

Selecting Your Lender

Many lenders participate in the Federal Family Education Loan Program. Those listed here are committed to making reliable quality service available to their borrowers from origination of the loan through repayment. If you prefer to use a lender not on this list, you should obtain an application directly from that lender. If you have prior outstanding loans, you should continue to use that lender for any future loans you plan to get.

Chase Manhattan Bank
 Lender code: 807807

NationsBank
 Lender code: 831846

Edsouth
 Lender code: 831453

Educaid
 Lender code: 830005

PLEASE NOTE: After completing your application, submit it as directed. Please allow several weeks for the application to be approved and processed. If you need more information or assistance, feel free to call or stop by the Financial Aid Office.