



## North Georgia College & State University ROTC Grant Program for Future Officers

### **BEFORE YOU APPLY PLEASE READ CAREFULLY**

A student must file the application online or in the institution's financial aid office on or before the last day of the academic term (semester or quarter) or the student's withdrawal date, whichever occurs first, in order to be paid for that academic term. The last date of the academic term is the last day of classes or exams for the institution, which occurs later. Supplemental documentation required by the institution or the Commission to support or verify a student's application information may be submitted after the deadline without jeopardizing the student's eligibility.

# North Georgia College & State University ROTC Grant for Future Officers Application • 2009-2010

## ELIGIBILITY REQUIREMENTS

There are seven basic eligibility requirements that you must meet to apply for the North Georgia College & State University Reserve Officers Training Corps (NGCSU-ROTC) Future Officers Grant.

1. You must be enrolled at North Georgia College & State University and be in good standing in the ROTC program.
2. You must be a legal resident of Georgia, as defined by the Georgia Student Finance Commission, for a minimum of twelve consecutive months immediately preceding the date of registration for the school term for which the grant is being sought.
3. You must be a U.S. citizen or classified as a permanent resident alien.
4. You must not be receiving a scholarship or grant from or through any state agency other than Georgia.
5. You must be enrolled as a full-time undergraduate student each school term, carrying a minimum of 12 semester hours continuously throughout the full term.
6. You must be in a matriculated status in an organized program leading to a degree.
7. You must maintain satisfactory academic progress in accordance with the Title IV standards and practices of the institution.

## APPLICATION DEADLINE

File your application with the financial aid office at North Georgia College & State University as early as possible. Check with that office regarding the application deadline date.

## INSTRUCTIONS FOR COMPLETING PART A

- Before you begin to complete this application, please read the information that follows.
- When completing this form, answer all questions and provide all information requested. Incomplete applications will not be processed.

- Please write clearly and be sure that all copies can be read easily.

While most of the items on the application are self-explanatory, please refer to the following instructions in order to complete these items.

**Item 3. Social Security Number.** If you do not have a Social Security Number, you must obtain one before you can apply for the NGCSU-ROTC Future Officers Grant. It is your identification number throughout the application process.

**Item 8. Citizenship Status.** If you are a permanent resident alien, you must submit a photocopy of your I-151 or I-551 card or other acceptable documentation of your status.

**Item 9. Selective Service Status.** You must meet the Selective Service registration requirement.

**Items 11-17. Parent or Guardian Information.** Complete these items only if you WILL NOT be 24 years old by the beginning of the first term checked in Item 22. Enter the name and address of the parent who is your primary source of support. Please tell us if that parent is on active duty as a member of one of the armed forces (Item 15) and answer Items 16 and 17 if appropriate. Do NOT enter the name of your spouse if you are married.

**Signature.** Be sure to sign your application. Applications without signatures will not be processed.

## APPLICATION FILING

When you have completed Part A as instructed, take **three** copies of this application to the North Georgia College & State University financial aid office. The appropriate official at the school will verify your enrollment in Part B and will send the application to the Georgia Student Finance Commission for final processing.

**You should tear off and keep these instructions.**

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## CAUTION

The laws and policies governing state student aid programs are subject to change prior to or during the academic year.

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PLEASE DO NOT WRITE IN THIS SPACE

**WARNING:** Any person who intentionally makes or furnishes a false statement or misrepresentation on this form, or on any form or writing heretofore or hereafter furnished for use in connection with this application, and any person who accepts or uses the same knowing it to be false, for the purpose of wrongfully enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, under provisions of Georgia law.

## PART A. STUDENT: COMPLETE THIS PART (ITEMS 1-23)

1. Academic Year for which aid is requested <b>2009-2010</b>		2. Last Name (Please Print)		First Name		M.I.			
3. Social Security Number		4. Permanent Mailing Address (Number, Street, Apt., P.O. Box, RFD, etc.)							
5. Date of Birth (Mo./Day/Yr.)		City		State Code		Zip Code			
6. Age	7. Sex A. ___ Male B. ___ Female		8. U.S. Citizenship Status A. ___ U.S. Citizen B. ___ Permanent Resident Alien C. ___ Other						
9. Have you registered with the Selective Services? <input type="checkbox"/> Yes, my Selective Service number is _____ <input type="checkbox"/> No, because I am a female and am not required to be registered, or I am in the armed services on active duty, or, I was born before 1960.				10. How long have you lived in Georgia immediately preceding the first school term for which you are requesting aid? _____ Years _____ Months					
<b>ANSWER ITEMS 11-18 if you WILL NOT be 24 years old by the beginning of the first term checked in Item 22 below.</b>  <b>If you will be 24 or older, skip to Item 18 and do not complete Items 11-17.</b>		11. Name of Supporting Parent or Guardian (Please Print: Last, First, and Middle Initial)							
		12. Current Address (Number, Street, Apt., P.O. Box, RFD, etc.) of Person Named in Item 11							
		City		State Code		Zip Code		13. Are both your parents deceased? A. ___ Yes B. ___ No	
		14. How long has the person named in Item 11 lived in Georgia immediately preceding the first school term for which you are requesting aid? _____ Years _____ Months			15. Is the person named in Item 11 on active duty as a member of the Armed Forces? A. ___ Yes (Complete Items 16-17.) B. ___ No (Go to Item 18.)				
		16. Is Georgia currently shown as the home state of record for your military parent? A. ___ Yes B. ___ No			17. Does your military parent pay Georgia State Income Tax? A. ___ Yes B. ___ No				
18. Did or will you receive a high school diploma or GED in Georgia? A. ___ Yes B. ___ No		19. Are you on active duty as a member of the Armed Forces? A. ___ Yes (Complete Items 20-21.) B. ___ No (Go to Item 22.)		20. Is Georgia currently shown as your home state of record? A. ___ Yes B. ___ No		21. Do you pay Georgia State Income Tax? A. ___ Yes B. ___ No			
22. Indicate each school term for which aid is requested and fill in the calendar year for that term. (Example: Fall/2005) _____ Term/Year _____ Term/Year _____ Term/Year				23. Have you signed a contract with the United States Army to accept a commission as an officer upon graduation? <input type="checkbox"/> Yes. Date of Contract _____ Please attach a copy of the contract to this application. <input type="checkbox"/> No. (You are not eligible for this Grant Program.)					

### STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT

I certify that the information reported above, and on any other document or writing in connection with this application for student financial assistance is or will be true, correct and complete to the best of my knowledge. I authorize use of the information on this form by the Georgia Student Finance Commission as described in the instructions. I authorize release and exchange of information between the Georgia Student Finance Commission and educational institutions, state and federal agencies, and private lending institutions from which student financial assistance is sought or obtained by me, and agree that such information exchanged may include financial, enrollment, academic status, legal residency and location information necessary to assure proper administration of student aid programs by state, federal and institutional program administrators.

X \_\_\_\_\_  
Student Signature Area Code and Phone Number Date Signed

**STUDENT: MAIL THREE COPIES TO THE NORTH GEORGIA COLLEGE & STATE UNIVERSITY FINANCIAL AID OFFICE.**

## PART B. FINANCIAL AID OFFICER: COMPLETE THIS PART

### NOTE TO FINANCIAL AID OFFICER

Please check the application for completeness and return it to the student if it is incomplete. Otherwise, fill in the Federal School Code Number and date below and forward the original copy to the Georgia Student Finance Commission once you have determined that the student is accepted for enrollment or is enrolled at North Georgia College & State University and meets all of the eligibility requirements for the North Georgia College & State University ROTC Grant to the best of your knowledge. If you choose to electronically transmit this application, you do not need to mail the original to GSFC.

\_\_\_\_\_ Date Signed  
Federal School Code Number

**MAIL THE ORIGINAL TO GSFC (unless transmitting electronically) AND RETAIN TWO COPIES FOR YOUR FILES.**