



WORKSOURCE GEORGIA MOUNTAINS
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ADULT-DW@GMRC.GA.GOV



Adult Financial Aid Verification Form

This form MUST be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the WorkSource Georgia Mountains office.

Student Name: _____ SSN: _____

I grant my permission for the release of this information to the WorkSource Georgia Mountains.

Student Signature _____ Date _____

The student indicated above applied for Financial Aid assistance to attend:

_____ on _____
School & Campus Date

The student's program of study is: _____

Expected completion date for this student is: _____

The following Financial Aid, identified by source and semester amount, has been approved, pending full time registration:

PELL _____ HOPE _____

SEOG _____ OTHER _____

These amounts have been approved for the following semesters:

Fall: _____ Spring: _____ Summer: _____

If the student maintains satisfactory progress and an acceptable grade point average, similar financial aid may be expected for the student's remaining semesters of attendance. (Circle one) Yes No

Name of Financial Aid Officer / Title: _____

Signature of Financial Aid Officer _____ Date _____