Beyond NFCC GED Graduate Scholarship
Program and Financial Aid Verification Form

This form **MUST** be completed by the Financial Aid Representative at the applicable training provider. Please return by mail to **11275 Elkins Road, Roswell, Georgia 30076 or** email to **wkuehl@nfcchelp.org**

Student Name: _____

The student indicated above applied for Financial Aid to attend:

_____

School **Date**

Campus Location: _____

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:

Yes ☐ **No** ☐

The student's program of study is _____

Expected completion date for this student is _____

_____

Name of Financial Aid Officer and Title

_____

Signature of Financial Aid Officer **Date**

I grant my permission for the release of this information to North Fulton Community Charities

_____

Student Signature **Date**