

## **Dual Enrollment Funding Application**

The Dual Enrollment (DE) funding Paper Application should only be completed by Home Study students or students who *do not* have a social security number *only*. All other students must submit an electronic DE funding application. A new application must be completed and submitted each term, i.e. fall, winter, spring or summer, you plan to enroll in college with DE Program.

## Part I: To be Completed by Student and Parent/Guardian

(Part II to be completed by a high school official and Part III to be completed by a college official)

\*Denotes required fields

\*Parent/Guardian's Signature

Date

Scan and email completed application to DualEnrollment@gsfc.org OR mail to: GSFC, 2082 E. Exchange Place, Tucker, GA 30084

*Student Last	Fir		 Middle
*Student's SSN:		_	
*Student's Date of Birth:			
*Home Address:			
City	State		Zip Code
*Home Telephone Number: ()			
*Email Address:	<u>.</u>		
*School Currently Attending in G	eorgia: □Public High School	□ Private High School	☐ Home Study Program
*Name of High School/Home St	udy Program		
*Name of Postsecondary Institu	tion You Plan to Attend Chatt	ahoochee Technical C	ollege
Please read the following certificat	ion statement and sign below: CE	RTIFICATION, AUTHORIZA	TION AND AGREEMENT
complete to the best of my/our know educational institutions, and education status, identification, legal residency, that any willfully false statements ma aid funds, may be subject to fine or i which states that false swearing shall be or both. I/we also understand that ar	ledge. I/we authorize release and exc all state agencies, and agree that suc and location information necessar de for the purpose of enabling the si mprisonment, or both, herein may be punished by a fine of not more that by refund of fees, paid under Part I ent Finance Authority. Further, I/we	thange of information between hinformation exchanged may to assure proper adminitudent to establish eligibility result in prosecution for violatin \$1,000 or imprisonment for libelow, resulting from with authorize the postsecondary	with this application is true, correct and en the Georgia Student Finance Authority, y include financial, enrollment, academic istration of this program. I/we understand for, or to wrongfully receive, state student tion of Georgia Laws 1978, pp. 1249, 1310, or not less than one or more than five years hdrawal from a postsecondary institution, institution, named in Part III, to forward a
I agree to allow the postsecondary inst	itution I attend to send my high schoo	l or home study program one	academic transcript at the end of the term.
*Student's Signature	Date	*Print Student's Name	

\*Print Parent/Guardian's Name



## **Dual Enrollment Funding Application**

Part II: To be Completed by the High School/Home Study Program \*Denotes required fields \*Student Name SSN or □ Verified No SSN \*Term/Year \*9<sup>th</sup> Grade Start Year: \_\_\_\_\_\_ (mm/yyyy) (mm/yyyy) \*Scheduled to Graduate in \*During the term of enrollment for this application, the student is enrolled in: ☐ 9th ☐ 10th ☐ 11<sup>th</sup> ☐ 12<sup>th</sup> ☐ Public High School ☐ Private High School ☐ Home Study Program \*Name of High School/Home Study Program \*High School ETS-CEEB/Home Study Code\_ Home Study code assigned by GSFC upon receipt of the required DE Participation Agreement. Applications received without a Participation Agreement on file will not be processed until the required Participation Agreement is received and processed. The student and the parent/guardian have been advised about participation in the DE Program and the pursuit of postsecondary coursework and credit while in high school. It is understood by all that the attempted postsecondary courses/credit will be part of the student's academic history. The postsecondary course and credit is to be substituted for the following high school courses and part of the high school transcript. Refer to the DE Course Directory found at www.GAfutures.org for approved courses. \*High School Course Number \*High School Course Name \*Print Name of Certifying Official \*Signature of Certifying Official Date \*Telephone Number \*Email Address Part III: To be Completed by the Postsecondary Institution \*Postsecondary Institution: Chattahoochee Technical College Title IV School Code: 005620 **Campus** \*Postsecondary Institution Course Number \*Postsecondary Institution Course Name \*Hours Code Campus Code (1) Online (2) At High School (3) At Postsecondary Institution (4) Other \*Print Name of Postsecondary Official \*Signature of Postsecondary Official Date dual.enroll@chattahoocheetech.edu \*Telephone Number \*Email Address

An application is considered complete when Parts I, II, and III are signed by the proper officials; incomplete applications will not be processed.