

# Dual Enrollment funding application and Participation Agreement for Home Study

This Paper Dual Enrollment funding application should *only* be completed by Home Study students. A new application must be completed and submitted each term, i.e. fall, winter, spring or summer, you plan to enroll in college with Dual Enrollment.

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

\*Student \_\_\_\_\_  
Last First Middle

\*Student's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

\*Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

\*Email Address: \_\_\_\_\_@\_\_\_\_\_

**Please read the following certification statement and sign below: CERTIFICATION, AUTHORIZATION AND AGREEMENT**

*I/we certify that the information reported above and on any other document or writing in connection with this application is true, correct and complete to the best of my/our knowledge. I/we authorize release and exchange of information between the Georgia Student Finance Authority, educational institutions, and educational state agencies, and agree that such information exchanged may include financial, enrollment, academic status, identification, legal residency, and location information necessary to assure proper administration of this program. I/we understand that any willfully false statements made for the purpose of enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310, which states that false swearing shall be punished by a fine of not more than \$1,000 or imprisonment for not less than one or more than five years or both. I/we also understand that any refund of fees, paid under Part III below, resulting from withdrawal from a postsecondary institution, will be returned to the Georgia Student Finance Authority. Further, I/we authorize the postsecondary institution, named in Part III, to forward a transcript of grades to the home study, named in Part II, at the end of the term (s) named in Part III.*

*I agree to allow the postsecondary institution I attend to send my home study program one academic transcript at the end of the term.*

\_\_\_\_\_  
\*Student's Signature Date

\_\_\_\_\_  
\*Print Student's Name

\_\_\_\_\_  
\*Parent/Guardian's Signature Date

\_\_\_\_\_  
\*Print Parent/Guardian's Name

\*Denotes required fields

Refer to the Dual Enrollment Course Directory found at [www.GAfutures.org](http://www.GAfutures.org) for approved courses.

**Part II: To be Completed by the Home Study Program Administrator**

\*9<sup>th</sup> Grade Start Year: \_\_\_\_\_ (mm/yyyy)

\*Scheduled to Graduate in \_\_\_\_\_ (mm/yyyy)

\*During the term of enrollment for this application, the student is enrolled in:  9th  10th  11<sup>th</sup>  12<sup>th</sup>

## DUAL ENROLLMENT HOME STUDY PROGRAM PARTICIPATION AGREEMENT

\_\_\_\_\_ Home Study must agree to the following terms to participate in the Dual Enrollment (the "Dual Enrollment Program") pursuant to O.C.G.A. §20- 2-161.3.

The above-mentioned Home Study agrees to:

- a. Participate in the Dual Enrollment Program in accordance with this Acknowledgement, the Dual Enrollment Program Regulations, all applicable federal, state, and local laws, rules and regulations;
- b. Obtain written consent of a parent or guardian to allow the student to participate in the Dual Enrollment Program;
- c. Agree to accept toward Home Study completion requirements, the postsecondary credit of an eligible Dual Enrollment Program student who successfully completes an approved course at an Eligible Postsecondary Institution;
- d. Record on the student's Home Study transcript each approved course name, grade, and amount of credit hours and course unit credits earned for each course taken as required in the Dual Enrollment Program Regulations;
- e. Comply with the Dual Enrollment Program Regulations, as amended or modified from time-to-time, and to comply with such instructions as may be issued from time- to- time by GSFC, including instructions contained on administrative forms and procedures, Dear Colleague Letters and School Updates for use in the administration of the Dual Enrollment Program; and
- f. Comply with all applicable federal and State of Georgia privacy and data security laws pertaining to proper access, creation, modification, handling, storage, transfer, transmission, dissemination, sharing or destruction of confidential information, including, but not limited to the Family Educational Rights and Privacy Act of 1974, as amended ("FERPA"), pertaining to the Home Study and the students.

\_\_\_\_\_  
\*Print Name of Certifying Home Study Official

\_\_\_\_\_  
\*Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSFC Assigned Home Study Code

*Upon completing the high school section found on the following page, forward the application to the postsecondary institution. Incomplete applications submitted to GSFC will not be processed.*

\*Denotes required fields

\_\_\_\_\_  
\*Student Name

\_\_\_\_\_  
\*Student SSN

*Upon completing the high school section, the application must be given to the college (postsecondary) to complete Part III.  
Incomplete applications submitted to GSFC cannot be processed.*

**Part II: To be Completed by Home Study Administrator**

**Part III: To be Completed by Postsecondary Official**

To be completed by Home Study Administrator		To be completed by Postsecondary Official			
*High School Course Number	*High School Course Name	*Postsecondary Institution Course Number	*Postsecondary Institution Course Name	*Credit Hours	Campus Code 1- Online 2- At College 4 Other

<p>_____ *Print Name of Certifying Home Study Official</p> <p>_____ *Signature of Certifying Home Study Official</p> <p>_____ *Date</p> <p>_____ *Telephone Number</p> <p>_____ *Email Address @ _____</p>	<p>*Postsecondary Institution: _____ *Term/Year _____</p> <p>*Title IV School Code: _____</p> <p>_____ *Print Name of Postsecondary Official</p> <p>_____ *Signature of Postsecondary Official</p> <p>_____ *Telephone Number</p> <p>_____ *Email Address @ _____</p> <p style="text-align: right;">_____ *Date</p>
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Scan and email **completed application** to [dualenrollment@gsfc.org](mailto:dualenrollment@gsfc.org) OR mail to: GSFC, 2082 E. Exchange Place, Tucker, GA 30084