

ELIGIBILITY REQUIREMENTS

There are seven basic eligibility requirements that you must meet to apply for the University of North Georgia Reserve Officers Training Corps (UNG- ROTC) Grant.

- 1. You must be enrolled at the University of North Georgia 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 Authority, for a minimum of twelve consecutive months immediately preceding the date of registration for the school term for which the grant is being sought.
- 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.
- For males (assigned at birth) 18-26, you must meet the Selective Service registration requirement. GSFC will check the student's Selective Service Registration Status. For more information visit www.GAfutures.org.

APPLICATION DEADLINE

File your application with the financial aid office at the University of North Georgia 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 to complete these items.

Item 4 Social Security Number. If you do not have a Social Security Number, you must obtain one before you can apply for the UNG-ROTC Grant. It is your identification number throughout the application process.

Item 9 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.

Items 12-18 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 23. 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 16) and answer Items 17 and 18 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.

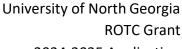
APPLICATION FILING

When you have completed Part A as instructed, provide the completed application to the University of North Georgia 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 Authority for final processing.

Keep these instructions for your records.

CAUTION

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





2024-2025 Application

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	A. STUDENT: (COMPLE	TE THIS PART	(ITEMS 1- 23)					
1. UNG Student ID			2. Last Name (Please Print)			First Name		M.I.	
3. Email Address		5. Permanent Mailing Address (Number, Street, Apt., P.O. Box, RFD, etc.)							
4. Social Security Number			City	State Code		Zip Code		Primary Phone Number	
6. Date of Birth (Mo./ Day/Yr.)			9. U.S. Citizenship Status						
		AU.S. Citizen BPermanent Resident Alien COther							
7. Age	7. Age 8. Gender (Assigned at birth) AMale BFemale		10. How long have you lived in Georgia immediately preceding the first school term for which you are requesting aid? YearsMonths						
		12. Name of Supporting Parent or Guardian (Please Print: Last, First, and Middle Initial)							
24 years old by the beginning of the first term checked in Item 23 below. If you will be 24 or older, skip to Item 19 and do not complete Items 12–18.		13. Current Address (Number, Street, Apt., P.O. Box, RFD, etc.) of Person Named in Item 11							
		City			e Code Zip Code			14. Are both your parents deceased? AYes BNo	
		15. How long ha	has the person named in Item 11 lived in Georgia 16. Is the person named in Item 11 on active duty as a member						
		requesting a	mediately preceding the first school term for which you are questing aid?						
			arsMonths currently shown as the home stat	e of record for your military n		1		t pay Georgia State Income Tax?	
		AYes							
19. Did or will you receive a highschool diploma or GED in Georgia?		20. Are you on a	active duty as a member of the A	rmed Forces?		Is Georgia currently shown as your home state of record?		22. Do you pay Georgia State Income Tax?	
AYes			(Complete Items 20–21.) B.	No (Go to Item 22.)	A	Yes B	No	AYes BNo	
23. Check each school term for which aid is requested. □ Fall 2024 □ Spring 2025									
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 Authority as described in the instructions. I authorize release and exchange of information between the Georgia Student Finance Authority 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.									
XStudent Signature		Area Code and Phone Number		Number		Date Signed			
STUDENT: MAIL THREE COPIES TO THE UNIVERSITY OF NORTH GEORGIA FINANCIAL AID OFFICE.								CE.	
PART B. FINANCIAL AID OFFICER: COMPLETE THIS PART									
NOTE To	O FINANCIAL AID OF ok the application for co stion Upload Document	FFICER ompleteness at ts module, once	and upload the application be you have determined the rements for the University	and promissory note t	oted for e	nrollment or is e	nrolled a	t the University of North	
Federal School Code Number		Authorized Signature			Dat		ate Signed		