



501 Forsyth Street
Gaines, GA 30501
P: 770-438-7300
F: 770-438-8129

LOCATIONS
1133 Hwy 19 South
Thomasville, GA 30280
P: 770-493-6300
F: 770-493-6900

300 Lakeland Drive
Milledgeville, GA 30251
P: 770-467-6800
F: 770-467-6629

2020-2021 Certification and Signature Page

Please Sign or Print Name in ALL CAPS

READ, SIGN, AND DATE

If you are the student, by signing this application, you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan, (3) do not owe money back on a federal student grant, (4) will notify your school if you default on a federal student loan, and (5) will not receive a Federal Pell Grant from more than one school for the same period of time.

If you are the parent of the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. federal or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$15,000, sent to prison, or both.

The student (and at least one parent, if parent information is given) MUST sign below. Each person signing below certifies that all of the information reported is complete and correct.

Student _____
(Please print clearly)

Student ID #: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____