



Connecting Talent with Opportunity  
A proud partner of the American Job Center network



**WORKSOURCE GEORGIA MOUNTAINS**  
**P.O. BOX 2278, GAINESVILLE, GA 30503**  
**(770) 538-2727 PHONE ♦ (770) 538-2729 FAX**

**ADULT/DW PROGRAM FINANCIAL AID VERIFICATION**

This form **MUST** be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the WorkSource Georgia Mountains office.

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The student indicated above **applied** for Financial Aid assistance to attend:

\_\_\_\_\_ on \_\_\_\_\_  
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 / Title

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Date

I grant my permission for the release of this information to the WorkSource Georgia Mountains.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date