

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

Scan and email **completed application** to [DualEnrollment@gafc.org](mailto: DualEnrollment@gafc.org) OR mail to: GSFC, 2082 E. Exchange Place, Tucker, GA 30084

*Student _____
Last First Middle

*Student's SSN: _____ OR Student does not have SSN

*Student's Date of Birth: _____

*Home Address: _____
City State Zip Code

*Home Telephone Number: (____) _____

*Email Address: _____

*School Currently Attending in Georgia: Public High School Private High School Home Study Program

*Name of High School/Home Study Program _____

*Name of Postsecondary Institution You Plan to Attend _____

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 high school, named in Part II, for the school term(s) named in Part III.

I agree to allow the postsecondary institution I attend to send my high school or 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

Part II: To be Completed by the High School/Home Study Program *Denotes required fields

 *Student Name _____ SSN or Verified No SSN _____ *Term/Year _____
 *9th 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 11th 12th
 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 *Term/Year _____
 *Postsecondary Institution: _____ Title IV School Code: _____

*Postsecondary Institution Course Number	*Postsecondary Institution Course Name	*Hours	Campus 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 _____

 *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.