



TOCCOA FALLS

C O L L E G E

Free Class/Audit Grant Toccoa Falls College Student Information Sheet

Student Information:

Student's Name _____ Student ID # _____

Social Security Number _____ (required for Financial Aid to award the grant)

Street/Mailing Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Email address _____

Registration Information:

Check one box below:

____ Senior Adult Free Audit

____ Married Student Spouse Free Class Full-time spouse's name _____

____ Furloughed Missionary Free Class

____ Community Free Audit Class

____ Community Free Regular Class

____ Employee/Spouse Free Audit Class Spouse's Name _____

____ Employee/Spouse Free Regular Class Spouse's Name _____

Amount of the free class/audit grant _____ Semester _____ (Fall, Winter, Spring)

Student Signature _____ Date _____

Official Office Staff Signature _____ Date _____