

**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

\_\_\_\_ Furloughed Missionary Free Class

\_\_\_\_ Community Free Audit Class

\_\_\_\_ Community Free Regular Class

\_\_\_\_ Married Student Spouse Free Class Full-time spouse's name \_\_\_\_\_

\_\_\_\_ 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)

Class Code/Nomenclature/Class Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Office Staff Signature

\_\_\_\_\_  
Date