

**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