

2007-2008 MCG FINANCIAL AID APPLICATION CONTINUED

10. A portion of your financial aid package will likely be a Federal Stafford Loan. Please select a Lender from the **Preferred Lender List** on our web site upon completion of this application.

NOTE: We receive Stafford Loan funds electronically from all lenders. Electronic funds are credited to bills and balances are issued automatically. However, if you choose a lender who does not participate in Electronic Funds Transfer (EFT), you are responsible for contacting the Student Loans Office each semester to arrange payment.

11. Do you wish to be considered for on-campus employment through the **Federal Work-Study Program**? Most jobs are on-campus. The average hourly rate is \$8.50. YES NO

An Affirmative Action/Equal Opportunity Educational Institution

12. If you are a Georgia resident who will be enrolled in a program approved for service cancellation (See MCG Student Financial Aid Guide), do you wish to be considered for the **Georgia Service Cancelable Loan**? YES NO
Funds are limited and are awarded in order of application completion; most funds are fully committed by Spring 2007.

13. **Medical and Dental** students please indicate below: Intended Area of Practice (check one).

Medicine:	<input type="checkbox"/> Family Medicine (FM)	Dentistry:	<input type="checkbox"/> General Dentistry
	<input type="checkbox"/> General Internal Medicine (IM)		<input type="checkbox"/> Other
	<input type="checkbox"/> General Pediatrics (GP)		
	<input type="checkbox"/> Preventive Medicine/Public Health (PM)		
	<input type="checkbox"/> None of the above (N)		
	<input type="checkbox"/> Undecided (U)		

(The Department of Health and Human Services has designated need-based funds to improve care access and delivery by increasing the training of health care providers specifically in primary care services. **YOU MUST PROVIDE PARENT INFORMATION ON THE FAFSA AND SHOW FINANCIAL NEED TO BE CONSIDERED FOR THESE FUNDS.** Providing parent information will not affect your eligibility for Stafford Loans as an "Independent" student.)

14. If you think you may be eligible for the HOPE Scholarship, complete the 2007-2008 HOPE Questionnaire in order to receive consideration. **Note:** If this is the **first time** you will apply for HOPE at a University of Georgia System institution, please complete the GSFAPPS application at: http://www.gsfc.org/gsfa/gsfapps_index.cfm?GUID=

15. **Note to students entering MCG Summer 2007 and other mid-year transfers:** If you have attended or will attend any other school within 2007-2008, please check if you did (will) enroll in another school. Also, check if you did (will) receive the PELL Grant and/or loan assistance. Indicate the school:

School: _____	<input type="checkbox"/> Summer 2007	<input type="checkbox"/> PELL	<input type="checkbox"/> Loan
School: _____	<input type="checkbox"/> Fall 2007	<input type="checkbox"/> PELL	<input type="checkbox"/> Loan
School: _____	<input type="checkbox"/> Winter 2008	<input type="checkbox"/> PELL	<input type="checkbox"/> Loan
School: _____	<input type="checkbox"/> Spring 2008	<input type="checkbox"/> PELL	<input type="checkbox"/> Loan

16. **Certification Statement:**

- I affirm that I will use any funds I receive under Title IV, Title VII and/or other student aid awarded by the Medical College of Georgia solely for educational expenses related to attendance at the Medical College of Georgia.
- I understand that I am responsible for repaying any funds that I receive which cannot reasonably be attributed to meeting my educational expenses related to attendance at the Medical College of Georgia.
- I further understand that the amount I am to refund is based on regulations published by the Secretary of Education.
- I understand that I may not receive any Federal Title IV or Title VII funds if I owe an overpayment on any grant or am in default on an educational loan through Federal Title IV or Title VII unless I have made satisfactory arrangements to repay or otherwise resolve the overpayment or default.
- I understand that I must notify the Medical College of Georgia if I do owe an overpayment or am in default.
- I understand in order to continue to receive assistance from any of the programs mentioned in the preceding paragraphs. I must maintain satisfactory academic progress in the course of study I am pursuing according to the standards and practices of the Medical College of Georgia.
- I authorize the Medical College of Georgia to apply my HOPE book allowance, any Title IV, Title VII, and/or other student aid toward payment of tuition, fees, insurance and any other charges billed or deferred by the Medical College of Georgia.
- I authorize the Medical College of Georgia to receive my Federal Stafford Loan(s) via the Electronic Funds Transfer (EFT) process.
- I understand that less than full-time enrollment may result in a reduction, cancellation and/or repayment of my aid.
- I understand that my financial aid refund check will be disbursed 5-7 days after the last day of drop/add.
- I understand that audit courses do not count toward financial aid eligibility.
- I declare under penalty of perjury that the foregoing is true and correct.

