

OFFICE OF STUDENT FINANCIAL AID  
MEDICAL COLLEGE OF GEORGIA

REQUEST FOR ASSISTANCE

(For Currently Enrolled Students ONLY)

**Summer 2008**

NOTE: Summer 2008 is in the 2007-2008 processing year. If applicable, you must complete the 2007-2008 FAFSA, MCG Student Financial Aid application, and HOPE Questionnaire found at [www.mcg.edu/students/financialaid](http://www.mcg.edu/students/financialaid), in addition to this form, according to the instructions provided. For timely processing, all application requirements must be received in our office by February 1, 2008.

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLEASE CHECK SCHOOL:

\_\_\_\_\_ MEDICINE

\_\_\_\_\_ DENTISTRY

\_\_\_\_\_ NURSING

\_\_\_\_\_ ALLIED HEALTH

\_\_\_\_\_ GRADUATE STUDIES

What is the amount of assistance you request from MCG for **SUMMER 2008**?

\$ \_\_\_\_\_.

What type of assistance are you requesting? (i.e. HOPE, Stafford loans, etc..) \_\_\_\_\_

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

DATE: \_\_\_\_\_