



# DUAL ENROLLMENT APPLICATION FOR ADMISSION

## Personal Information

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Previous Names (if any) \_\_\_\_\_ Mailing Address (include apartment, box, or lot number) \_\_\_\_\_

Physical Address (if different from mailing address) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Cell Phone (by listing, you agree to receive text messages)

Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Contact Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Alternate Contact Phone \_\_\_\_\_

## Residency Information

**Failure to answer the questions below may result in the inaccurate assessment of tuition. Acceptable documentation is required to change residency status.** Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in your dismissal from the college.

1. Are you a United States Citizen?  Yes  No  
If **yes** ► List State of Legal Residence \_\_\_\_\_  
Date of Legal Residence of that state: \_\_\_\_\_  
(month day, year) \_\_\_\_\_

If **no** ► List Visa type \_\_\_\_\_ and/or  
Resident Alien Number A \_\_\_\_\_  
**(OFTC does not issue I-20 Visas.) Please provide a copy of your visa with application.**  
Country of Origin: \_\_\_\_\_

2. Are you under 24 years of age?  Yes  No  
If **yes** ► Did your parent(s) or United States court-appointed legal guardian claim you on their most recent federal or state tax return?  Yes  No  
If **yes** ► What is the state of legal residence of the parent(s) or legal guardian(s) who claimed you?  
\_\_\_\_\_  
Has that parent or legal guardian lived in that state for the last twelve consecutive months?  Yes  No

3. If you are over 24 (or under 24 and neither parent(s) or United States court-appointed legal guardian(s) claimed you in their most recent federal or state tax return), have you been a legal resident of Georgia for the last 12 consecutive months?  Yes  No

## Optional Information (CHECK ALL THAT APPLY.) The following information is for statistical purposes only and is not used for determining admission.

Gender:  Male  Female Ethnic Background: Are you Hispanic/Latino?  Yes  No  
If **no** ► Select one or more:  
 American Indian or Alaska Native (1)  Native Hawaiian or Other Pacific Islander (4)  
 Asian (2)  White (5)  
 Black or African American (3)

**FOR OFFICE USE ONLY:**  
Student ID# \_\_\_\_\_ Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Program Enrollment

### PROGRAM DESIRED:

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**SEEKING:**     DEGREE     DIPLOMA     CERTIFICATE

### ENTERING STATUS:

- BEGINNING (You are a first time college student.)  
 RETURNING (You have attended OFTC, Sandersville Technical College, or Heart of Georgia Technical College before.)

### CAMPUS TO ATTEND:

- SANDERSVILLE     JEFFERSON     LOIC  
 DUBLIN     HANCOCK     AT MY HIGH SCHOOL

### TERM TO ENTER:

- FALL  
 SPRING  
 SUMMER

YEAR: 20\_\_\_\_\_

## Financial Aid

Complete a HOPE Grant financial aid application (page 3) or visit [www.gacollege411.org](http://www.gacollege411.org) to setup a profile and then complete a HOPE Grant financial aid application online.

## High School Information

Name of High School: \_\_\_\_\_

Month/Expected Year of Graduation: \_\_\_\_\_ / \_\_\_\_\_

**Reminder: Please make sure you have completed all sections of the application. Incomplete applications will be returned to you for completion.**

I hereby consent to the release of directory information, as defined in the school catalog/handbook. I further give my permission for my likeness, voice or comments to be used in any promotional item on behalf of OFTC or the Technical College System of Georgia.

I certify that the foregoing information contained in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection or dismissal. If admitted as a student at OFTC, I agree to abide by the rules and regulations of the College regarding conduct and other obligations.

I understand that I must adhere to and am accountable for all policies outlined in the OFTC College Handbook and Catalog and the OFTC Dual Enrollment Student & Parent Handbook, both available at [www.OFTC.edu](http://www.OFTC.edu).

Males age 18 to 25 are required to register with the Selective Service System. Furthermore, students who are required to register with Selective Service must do so to be eligible to receive state or federal money for tuition purposes (through HOPE Grant, HOPE Scholarship). I, hereby, give Oconee Fall Line Technical College permission to register me with Selective Service, within the 30 day window of my 18th birthday, in order to continue to receive these educational funds and continue participation in the Dual Enrollment program.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

As set forth in its student catalog, Oconee Fall Line Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).

For more information, contact: ADA/504: (NORTH CAMPUS/JEFFERSON/HANCOCK CENTERS) Johnnie Edge, 478-553-2124, [jedge@OFTC.edu](mailto:jedge@OFTC.edu); (SOUTH CAMPUS/LOIC) Lydia Barfoot, 478-274-7786, [lbarfoot@OFTC.edu](mailto:lbarfoot@OFTC.edu); EEOC/TITLE VI: Sharon Veal, 478-553-2056, [sveal@OFTC.edu](mailto:sveal@OFTC.edu); TITLE IX: (NORTH CAMPUS/JEFFERSON/HANCOCK CENTERS) Dessie Hall, 478-553-2056, [dhall@oftc.edu](mailto:dhall@oftc.edu); (SOUTH CAMPUS/LOIC) Janet Smith, 478-274-7836, [jrsmith@oftc.edu](mailto:jrsmith@oftc.edu); Section ADA/504, Title IX and Equity Coordinator: Erica Harden, Vice President for Academic and Student Affairs, North Campus, Office 107, Ph: 478-553-2068, [eharden@OFTC.edu](mailto:eharden@OFTC.edu); EEOC Officer: Rosemary Selby, Vice President for Administrative Services, North Campus, Office 101, Ph: 478-553-2055, [rselby@OFTC.edu](mailto:rselby@OFTC.edu). Equal Opportunity Institution. A Unit of the Technical College System of Georgia.

Oconee Fall Line Technical College | [www.OFTC.edu](http://www.OFTC.edu)

For Dual Enrollment inquiries in Glascock, Hancock, Jefferson, Warren, and Washington Counties, please contact the North Campus High School Coordinator at (478) 553-2098.

For Dual Enrollment inquiries in Bleckley, Dodge, Laurens, Telfair, Wheeler, and Wilkinson Counties, please contact the South Campus High School Coordinator at (478) 274-7765.

# Georgia HOPE Scholarship and Grant Application and Georgia Tuition Equalization Grant Application



**WARNING:** Any person who intentionally makes or furnishes a false statement or misrepresentation on this form, or on any form or writing hereafter furnished for use in connection with this application, and any person who accepts or uses the same knowing it to be false, for the purpose of enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, under provisions of Georgia law.

## PART A. STUDENT: COMPLETE THIS PART (ITEMS 1-44)

1. Last Name (Please Print)			First Name			Middle Initial		
2. Social Security Number			3. Permanent Mailing Address (Number, Street, Apartment Number if applicable)				4. County of Residence	
5. Date of Birth (Month/Day/Year)			6. City			State		Zip Code
7. Home Telephone Number			8. Work Telephone Number		9. Email Address			10. Sex ___ Male ___ Female
11. Driver License State	12. Driver License Number		13. Selective Service Registration Status (see instructions Item 13)			14. U.S. Citizenship Status (see instructions Item 14) ___ U.S. Citizen ___ Eligible Non-citizen - Provide Alien Registration Number: _____ ___ Other - Please explain:		
15. State of Legal Residence/Domicile	16. Date you became a legal resident of the state in Item 15 (Month/Day/Year)		17. Have you been convicted of a drug related felony within the last 6 months? ___ Yes ___ No					
18. If "Yes" to Item 17, provide date of conviction (Month/Day/Year)		19. Do you currently have a federal or state educational loan that you are in default on, or do you owe a refund to a federal or state financial aid program? ___ Yes ___ No						
20. Have you received a bachelor's degree? ___ Yes ___ No	21. Are you on active duty with the U.S. Armed Forces? ___ Yes ___ No	22. If "Yes", to Item 21, is Georgia currently your home state of record? ___ Yes ___ No		23. As of today, how old are you? ____ If you are 24 or older, skip to Item 43. If 23 or younger, continue to Item 24.		24. Did one or both of your parents claim you on their most recent Federal or State tax return? ___ Yes ( ___ Mother ___ Father ___ Jointly) ___ No If yes, complete ALL remaining questions for both parents. If no, skip to Item 43		
25. Is your Father/Guardian deceased? ___ Yes (If yes, list the date of death and skip Items 26-33) ___ No								
26. Father/Guardian Last Name (Please Print)			First Name			Middle Initial		
27. Father/Guardian Address (Street, City, State, Zip Code)						28. Father/Guardian State of Legal Residence/Domicile		
29. Date Father/Guardian became a legal resident of state in Item 28 (Month/Day/Year)				30. Father/Guardian Driver License State		31. Father/Guardian Driver License Number		
32. Is Father/Guardian on active duty with the U.S. Armed Forces? ___ Yes ___ No			33. If "Yes" to Item 32, is Georgia currently home state of record? ___ Yes ___ No		34. Is your Mother/Guardian deceased? ___ Yes (If yes, list the date of death and skip Items 35-42) ___ No			
35. Mother/Guardian Last Name (Please Print)			First Name			Middle Initial		
36. Mother/Guardian Address (Street, City, State, Zip Code)								
37. Mother/Guardian State of Legal Residence/Domicile			38. Date Mother/Guardian became a legal resident of state in Item 37 (Month/Day/Year)			39. Mother/Guardian Driver License State		
40. Mother/Guardian Driver License Number			41. Is Mother/Guardian on active duty with the U.S. Armed Forces? ___ Yes ___ No			42. If "Yes" to Item 41, is Georgia currently home state of record? ___ Yes ___ No		
43. Please indicate the college you are attending or up to six potential colleges you plan to attend:								
1. _____ School Name                      School Code    Grade Level			4. _____ School Name                      School Code    Grade Level					
2. _____ School Name                      School Code    Grade Level			5. _____ School Name                      School Code    Grade Level					
3. _____ School Name                      School Code    Grade Level			6. _____ School Name                      School Code    Grade Level					

**PLEASE READ THE FOLLOWING CERTIFICATION STATEMENT AND SIGN BELOW.**

I certify that the information reported above and on any other document or writing completed by me in connection with this Application is true, correct and complete to the best of my knowledge. I authorize the release and exchange of information between the Georgia Student Finance Commission, the Georgia Student Finance Authority, state and federal entities and educational institutions, their contractors, transferees and assignees, and agree that such information exchanged may include, but is not limited to eligibility, financial, enrollment, academic status, identification, residency and location information necessary to assure proper administration of the program(s). I further certify that I have read and understand the applicable program rules and regulations. I understand that any willfully false statements made herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310 which states that false swearing shall be punished by a fine of not more than \$1,000 or imprisonment for not less than one or more than five years or both.

44. Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please forward your completed application to: Georgia Student Finance Commission • 2082 E. Exchange Place • Tucker, GA 30084 - 800-505-GSFC (4732)**

**FAILURE TO COMPLETE ALL QUESTIONS MAY DELAY THE PROCESSING OF YOUR APPLICATION. PLEASE BE SURE TO ANSWER EACH QUESTION!**

**NOTE: If a period of 18 months lapses without a HOPE or GTEG award being paid on your behalf, this application will expire and completion of a new application will be required.**

# Georgia HOPE Scholarship and Grant Application and Georgia Tuition Equalization Grant Application

## PART B. INSTRUCTIONS

### ITEM 13:

Choose the appropriate Selective Service Code Number from the list below and enter it in the space provided in Item 13.

Selective Service Codes:

1. I have registered with the Selective Service.  
**I have NOT registered with the Selective Service because...**
2. I am a female.
3. I am in the Armed Services on active duty. (NOTE: Members of the Reserves and National Guard are not considered on active duty.)
4. I have not reached my 18th birthday.
5. I was born before 1960.
6. I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).
7. I have not registered with the Selective Service for a reason not listed above.

### ITEM 14:

If you are a U.S. Citizen or U.S. National, check the first choice in Item 14.

Check the second choice in Item 14 if you are an eligible Non-citizen and please provide your 8 or 9 digit Alien Registration Number. You are generally considered an eligible Non-citizen if you are one of the following:

- 1) a U.S. permanent resident with a Permanent Resident Card (I-551)
- 2) a conditional permanent resident with a Conditional Permanent Resident Card (I-551C)
- 3) the holder of an Arrival-Departure Record (I-94) from the department of Homeland Security showing any one of the following designations:  
"Refugee," "Asylum Granted," "Parolee" (I-94 confirms paroled for a minimum of one year and status has not expired) or "Cuban-Haitian Entrant."

If you cannot check the first or second choice in Item 14, you must check the third choice and explain. Also, if you have an F1, F2, J1, J2, or G series visa you must check the third choice.