Georgia Department of Human Services VERIFICATION OF EDUCATIONAL ASSISTANCE INCOME

	Date:
	Re:
	Case Name
	Case Number
TO: NAME OF SCHOOL	ATTN: Financial Aid Officer
require verification of educational assist	cant/recipient of public assistance. Federal regulations tance income received by students. Your institution is amount of income and the educational expenses of the
Thank you for your assistance and cooper	ration.
	Caseworker/ Load Number
	Telephone Number
tuition, mandatory fees, other costs a	mation concerning my educational assistance income, ssessed by the institution and student status to the ent of Family and Children Services. I understand this
	sehold's or an individual household member's eligibility
Student Signature and Identification Num	nber
Student:	SSN:

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		ich the student is e nent? Yes No		igh school diploma or
		ich the student is e npletion of the prog		nigh school diploma or
Are there standard	requirements to o	btain the degree or	certificate? Yes	No
Is the student enrol	lled at least halftir	ne? Yes No		
		on assistance. (Incluternships, Work Stu	_	OG, SSIG, Perkins, HOPE,
SOURCE	AMOUNT	PERIOD OF TIME COVERED FROM TO		List type of expense and amounts of money specifically earmarked
	n internship progra	nm, does the student is be an employee and/o		ne/wages and educational explain below.
WORK STUDY				
Is this student participating in a state or federally financed work study? Yes No				
School term of stude	ent work study progr	ram:		
Work study start date	e:	End o	date:	
Signature of School	ol Official Comple	eting This Form:		
Title:				
Telephone #				
D.				