Financial Aid Office
Momentum Center
Carrollton, Georgia 30118-4600

2020-2021 Financial Aid Statement

Student Name: _____ UWG ID# _____

I, the undersigned, do hereby state that the following is a true and correct statement. I know and understand that if I purposely give false or misleading information on this statement I can be fined, sentenced to jail, or both.

Statement made by (please print name): _____

Relationship to student: _____

Please use the reverse side if additional space is needed.

All signatures must be hand-signed

Signature:_____ **Date**:_____

Please allow 24-48 hours for documents to be posted on Banweb and/or to confirm receipt.