STUDENT'S NAME:	GHC ID# 900
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## **GEORGIA HIGHLANDS COLLEGE**

## Office of Financial Aid Financial Aid Reinstatement Request

FINANCIAL AID WILL BE REINSTATED BASED ON YOUR SELECTION BELOW.

PLEASE ALLOW 3-5 BUSINESS DAYS FOR THIS FORM TO SHOW AS RECEIVED IN SCORE.

PROCESSING TIMEFRAME IS UP TO TWO WEEKS.

\*Financial Aid can only be reinstated in amounts equal to original offered amounts\*

Please	indicate the semester/aid year for financial aid reinstatement (EXAMPLE: Summer 2023):
Select a	Il Financial Aid funds to be reinstated:
	PELL GRANT
	FSEOG (FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT)
	DIRECT SUBSIDIZED LOAN
	DIRECT UNSUBSIDIZED LOAN
	DIRECT PARENT PLUS LOAN
	ALTERNATIVE LOAN (example: Sallie Mae, College Avenue, etc.)
	HOPE/ZELL MILLER SCHOLARSHIP
	HERO SCHOLARSHIP
	L INSTRUCTIONS (write on the line below):
College	wledgement: I am submitting this form to have financial aid reinstated on my account at Georgia Highlands, and I verify that I am not receiving financial aid at any other institutions. I understand that reinstatement of my I aid funds will be updated within two weeks from the date received by the GHC Office of Financial Aid.
Studen	t Signature Date

Please email completed form to <u>finaid@highlands.edu</u> (processing timeframe of up to two weeks once all final documents, transcripts, and/or information are received). You can also drop the form off at your local campus or FAX to (706) 295-6341.