



Perimeter College

Walton County Health Care Foundation Assistance Application

Deadline: Rolling

Name: _____ Student ID# _____

Address: _____ City: _____ State: _____ Zip _____

Cell Phone: _____ Alt. Phone: _____ Email: _____

Anticipated Graduation Date (Semester/Year): _____

Major (please check one, if your major is not listed you are not eligible for this funding and should not apply):

Biology Chemistry Dental Hygiene Nursing Health Professions

Are you currently eligible for/receiving the HOPE Scholarship? Yes No

Are you currently eligible for/receiving the PELL Grant? Yes No

Do you currently reside in Walton County, GA? Walton County covers Monroe and Social Circle, GA as well as some other towns and is east on I-20 past Conyers, GA. You must provide proof of residency via one of the following: current valid driver's license or voter registration card and a lease agreement, tax invoice or utility bill.

Yes No

Please briefly discuss your need for financial assistance via an attached letter to the selection committee.

This letter must include:

- o General information about yourself
- o Your education and professional goals
- o Why you chose to attend Georgia Perimeter College
- o Why your needs financial assistance from the WCHCF Assistance Fund

Without financial assistance will you be able to continue at Perimeter College?

Yes No

How much financial assistance are you requesting? _____

I certify that I am currently enrolled at Perimeter College. I certify that my need for financial assistance and all supplemental materials I am providing are true.

Applicant Signature

Date