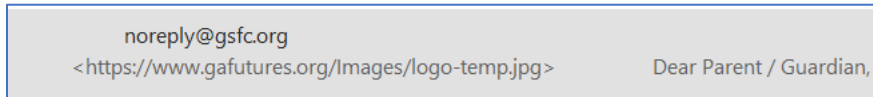


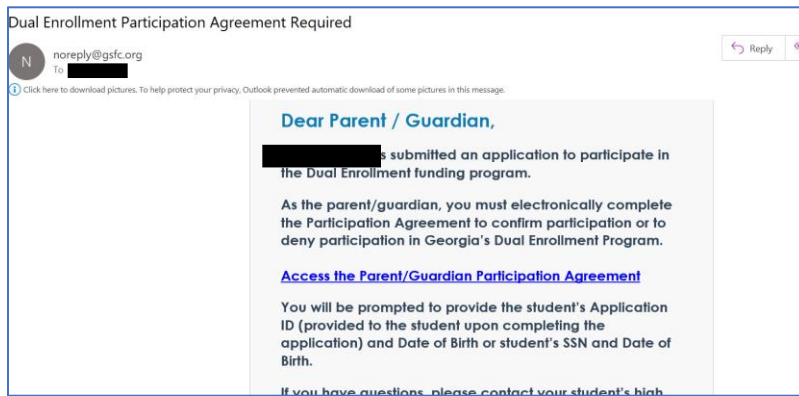
# Parent/Guardian: How to Submit a DE Funding Application

This **MUST** be completed by the parent/guardian or you **WILL** receive a bill from the college for tuition and other fees. You will need your child's "Application ID" or Social Security number to complete this section. They were instructed to write it down upon completion of their part of the application. If they didn't write it down, they can access their Application ID from their GAFutures account.

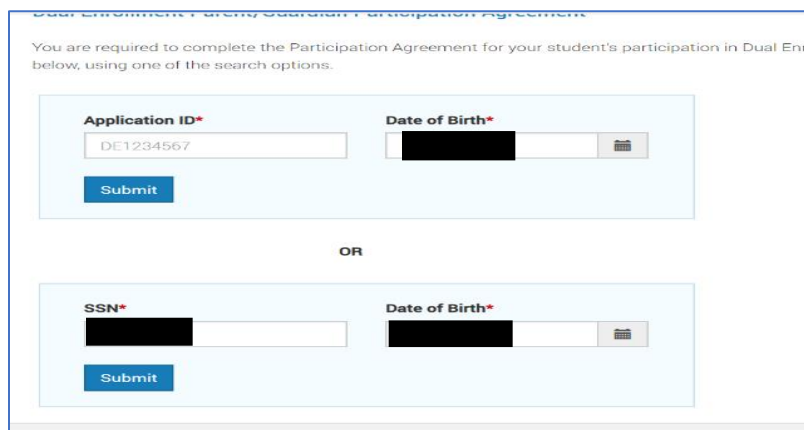
1. Parent/Guardians will receive an email from GAFutures. Keep an eye out from an email with the following email address.



2. You need to click on the "Access the Parent/Guardian Participation Agreement" in the email.



3. Make sure your child has provided you with their "Application ID". If they didn't write it down as instructed, you can: 1) use their social security number or 2) have them login to their GAFutures account. You will then enter their Date of Birth and click "Submit".



Dual Enrollment Parent/Guardian Participation Agreement

You are required to complete the Participation Agreement for your student's participation in Dual Enrollment below, using one of the search options.

**Application ID\***  **Date of Birth\***

OR

**SSN\***  **Date of Birth\***

4. You must complete and acknowledge each item. You will electronically sign the form and submit.

**DUAL ENROLLMENT PARTICIPATION AGREEMENT**

First Name: [REDACTED] MI: [REDACTED] Last Name: [REDACTED] Application ID: [REDACTED]

**Dual Enrollment Parent/Guardian Participation Agreement**

You are required to complete the Participation Agreement for your student's participation in Dual Enrollment.

**College Selection**

Your student is interested in participating in the Dual Enrollment program at the colleges/universities listed below. If your student has not submitted an admission application and been accepted to the college(s), visit the college website.

Chattahoochee Technical College

**Parent Agreement**

You are required to complete the Participation Agreement for your student's participation in Dual Enrollment. Review and check each box.

Student Acknowledgement	Parent/Guardian Acknowledgement	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The student must apply for admissions and be accepted by the college (postsecondary institution) as a Dual Enrollment student.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dual Enrollment funding is capped at a total of 30 semester/45 quarter paid hours. The per term maximum is 15 semester

I acknowledge, once I, the student, reach the 30 semester or 45 quarter paid hours Dual Enrollment funding cap, I may qualify to receive HOPE Grant Bridge funding. Should I qualify and accept HOPE funding, the credit hours funded by HOPE Grant will be applied toward the HOPE & Zell Miller Grant 63 semester Paid Hours limit and toward the HOPE & Zell Miller Scholarship 127 semester or 190 quarter Combined Paid-Hours limit. Student must meet HOPE Grant eligibility requirements. For questions, discuss this option with your college's Financial Aid Office.

I understand

I certify that the information reported and on any other document or writing in connection with this application is true, correct and complete to the best of my/our knowledge and exchange of information between the Georgia Student Finance Authority, educational institutions, and educational state agencies, and agree that such information financial, enrollment, academic status, identification, legal residency, and location information necessary to assure proper administration of this program. I understand statements made 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 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 or more than five years or both. I also understand that any refund of fees, paid resulting from withdrawal from a postsecondary institution, will be returned to the Authority. Further, I authorize the postsecondary institution, to forward a transcript of grades to the high school or home study, at the end of the term(s) named.

I am the parent/guardian of [REDACTED] and I agree for my student to participate in the Dual Enrollment funding Program. I authorize release and exchange of information between the Georgia Student Finance Commission (GAfutures), the college/university and the high school regarding the student's enrollment, academic status, necessary to assure proper administration of this program.

I am the parent/guardian of [REDACTED] and I do not agree for my student to participate in the Dual Enrollment funding Program.

**Student Signature\***

[REDACTED] [REDACTED]

5. You will receive confirmation that it has been submitted.

**! Dual Enrollment Participation Agreement**

Your acknowledgement for your student's participation has been received. If the student has not yet submitted an admissions application to the participating college, they will need to do so prior to enrolling in Dual Enrollment courses.

Close

6. The School Counselor will complete the documents electronically once both the student and parent/guardian have submitted their sections.