



Scholarship Charge Form 2010-2011 Aid Year

Office of Financial Aid
800 U. S. Highway 29 N
Athens, GA 30601
Phone: (706) 355-5009 Fax: (706) 425-3086
Website: www.athenstech.edu

TO: Dustin McDaniel – Financial Aid Office

DATE: _____

RE: Scholarship Charge

FROM: (Please Print)

ATC Student ID: _____

Student Name: _____

Current Address: _____

City, State, Zip: _____

Telephone Number: _____

Email: _____

Scholarship Information - Please charge my Scholarship for _____ Quarter with the amounts listed below:

Scholarship Name: _____

Amount of Scholarship: \$ _____

Tuition and Fees Charged: \$ _____

Scholarship Balance: \$ _____

Student Signature: _____ Date: _____

RETURN COMPLETED MEMO TO THE FINANCIAL AID OFFICE – Room H-710

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