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 Conway, SC 29528
 Fax: 843-349-7501
 Email: Residency@hgtc.edu
 Website: www.hgtc.edu/residency

FINANCIAL SUPPORT INFORMATION

Legal Last Name _____ Legal First Name _____

Legal Middle Name _____ Date of Birth ____/____/____
month day year

E-mail Address _____ Phone Number _____

Sources and percentages of your financial support for the 12 months immediately prior to the term for which you are applying:

Parents/Spouse _____%	Student Financial Aid _____%
Your job _____%	VA benefits _____%
Social Security _____%	Other Sources (specify) _____%

List employment for the previous 24 months. (Begin with most recent employment.)

From Date	To Date	Employer	Full or Part Time	City	State	# Hours/wk

If you are retired and receiving a pension or annuity, what was the effective date of retirement? ____/____/____
month day year

Are you disabled and receiving Social Security Disability Benefits? Yes No

Student Signature _____ Date ____/____/____
month day year

Horry Georgetown Technical College prohibits discrimination against students and employees. Please direct discrimination and accessibility issues to the Office of Student Affairs at (843) 349-5228.