

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529



CARL
SANDBURG
COLLEGE™
www.sandburg.edu

2017-2018 Ineligible Educational Goals

Student Name _____

Student ID# _____ Last 4 SSN# xxx-xx- _____

When you applied for admissions you indicated your educational goal was to obtain a GED (GE), for Personal Interest (PI), or Unknown (UN). In order to receive financial aid, you need to select an educational goal that qualifies for financial aid. (FJ)

_____ Transfer to four-year college (TR)

_____ Improve Present Job Skills (PJ)

_____ Prepare for future job after attending Sandburg (FJ)

I certify the information provided above is true and complete.

Signature _____ Date _____