

# Georgia HOPE Scholarship and Grant Application and Georgia Tuition Equalization Grant Application



**WARNING:** Any person who intentionally makes or furnishes a false statement or misrepresentation on this form, or on any form or writing hereafter furnished for use in connection with this application, and any person who accepts or uses the same knowing it to be false, 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, or both, under provisions of Georgia law.

## PART A. STUDENT: COMPLETE THIS PART (ITEMS 1-44)

1. Last Name (Please Print)		First Name		Middle Initial	
2. Social Security Number		3. Permanent Mailing Address (Number, Street, Apartment Number if applicable)			4. County of Residence
5. Date of Birth (Month/Day/Year)		6. City		State	Zip Code
7. Home Telephone Number		8. Work Telephone Number		9. Email Address	
				10. Sex ___ Male ___ Female	
11. Driver License State	12. Driver License Number		13. Selective Service Registration Status (see instructions Item 13)		14. U.S. Citizenship Status (see instructions Item 14) ___ U.S. Citizen ___ Eligible Non-citizen - Provide Alien Registration Number: _____ ___ Other - Please explain:
15. State of Legal Residence/Domicile	16. Date you became a legal resident of the state in Item 15 (Month/Day/Year)		17. Have you been convicted of a drug related felony within the last 6 months? ___ Yes ___ No		
18. If "Yes" to Item 17, provide date of conviction (Month/Day/Year)		19. Do you currently have a federal or state educational loan that you are in default on, or do you owe a refund to a federal or state financial aid program? ___ Yes ___ No			
20. Have you received a bachelor's degree? ___ Yes ___ No		21. Are you on active duty with the U.S. Armed Forces? ___ Yes ___ No		22. If "Yes", to Item 21, is Georgia currently your home state of record? ___ Yes ___ No	
				23. As of today, how old are you? ___ If you are 24 or older, skip to Item 43. If 23 or younger, continue to Item 24.	
25. Is your Father/Guardian deceased? ___ Yes (If yes, list the date of death and skip Items 26-33) ___ No				24. Did one or both of your parents claim you on their most recent Federal or State tax return? ___ Yes ( ___Mother ___Father ___Jointly) ___ No If yes, complete ALL remaining questions for both parents. If no, skip to Item 43	
26. Father/Guardian Last Name (Please Print)		First Name		Middle Initial	
27. Father/Guardian Address (Street, City, State, Zip Code)				28. Father/Guardian State of Legal Residence/Domicile	
29. Date Father/Guardian became a legal resident of state in Item 28 (Month/Day/Year)		30. Father/Guardian Driver License State		31. Father/Guardian Driver License Number	
32. Is Father/Guardian on active duty with the U.S. Armed Forces? ___ Yes ___ No		33. If "Yes" to Item 32, is Georgia currently home state of record? ___ Yes ___ No		34. Is your Mother/Guardian deceased? ___ Yes (If yes, list the date of death and skip Items 35-42) ___ No	
35. Mother/Guardian Last Name (Please Print)		First Name		Middle Initial	
36. Mother/Guardian Address (Street, City, State, Zip Code)					
37. Mother/Guardian State of Legal Residence/Domicile		38. Date Mother/Guardian became a legal resident of state in Item 37 (Month/Day/Year)		39. Mother/Guardian Driver License State	
40. Mother/Guardian Driver License Number		41. Is Mother/Guardian on active duty with the U.S. Armed Forces? ___ Yes ___ No		42. If "Yes" to Item 41, is Georgia currently home state of record? ___ Yes ___ No	
43. Please indicate the college you are attending or up to six potential colleges you plan to attend:					
1. _____ School Name School Code Grade Level		4. _____ School Name School Code Grade Level			
2. _____ School Name School Code Grade Level		5. _____ School Name School Code Grade Level			
3. _____ School Name School Code Grade Level		6. _____ School Name School Code Grade Level			

**PLEASE READ THE FOLLOWING CERTIFICATION STATEMENT AND SIGN BELOW.**

I certify that the information reported above and on any other document or writing completed by me in connection with this Application is true, correct and complete to the best of my knowledge. I authorize the release and exchange of information between the Georgia Student Finance Commission, the Georgia Student Finance Authority, state and federal entities and educational institutions, their contractors, transferees and assignees, and agree that such information exchanged may include, but is not limited to eligibility, financial, enrollment, academic status, identification, residency and location information necessary to assure proper administration of the program(s). I further certify that I have read and understand the applicable program rules and regulations. I understand that any willfully false statements made herein may result 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 for not less than one or more than five years or both.

44. Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please forward your completed application to: Georgia Student Finance Commission • 2082 E. Exchange Place • Tucker, GA 30084 - 800-505-GSFC (4732)**

**FAILURE TO COMPLETE ALL QUESTIONS MAY DELAY THE PROCESSING OF YOUR APPLICATION. PLEASE BE SURE TO ANSWER EACH QUESTION!**

**NOTE: If a period of 18 months lapses without a HOPE or GTEG award being paid on your behalf, this application will expire and completion of a new application will be required.**

## PART B. INSTRUCTIONS

### ITEM 13:

Choose the appropriate Selective Service Code Number from the list below and enter it in the space provided in Item 13.

Selective Service Codes:

1. I have registered with the Selective Service.  
**I have NOT registered with the Selective Service because...**
2. I am a female.
3. I am in the Armed Services on active duty. (NOTE: Members of the Reserves and National Guard are not considered on active duty.)
4. I have not reached my 18th birthday.
5. I was born before 1960.
6. I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).
7. I have not registered with the Selective Service for a reason not listed above.

### ITEM 14:

If you are a U.S. Citizen or U.S. National, check the first choice in Item 14.

Check the second choice in Item 14 if you are an eligible Non-citizen and please provide your 8 or 9 digit Alien Registration Number. You are generally considered an eligible Non-citizen if you are one of the following:

- 1) a U.S. permanent resident with a Permanent Resident Card (I-551)
- 2) a conditional permanent resident with a Conditional Permanent Resident Card (I-551C)
- 3) the holder of an Arrival-Departure Record (I-94) from the department of Homeland Security showing any one of the following designations: "Refugee," "Asylum Granted," "Parolee" (I-94 confirms paroled for a minimum of one year and status has not expired) or "Cuban-Haitian Entrant."

If you cannot check the first or second choice in Item 14, you must check the third choice and explain. Also, if you have an F1, F2, J1, J2, or G series visa you must check the third choice.