

GSFAPPS - Georgia HOPE and Zell Miller 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 1-45)

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. Alternate Telephone Number		9. Email Address		
				10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
11. Driver License State	12. Driver License Number		13. Selective Service Registration Status (see Part B instructions Item 13)		14. U.S. Citizenship Status (see Part B instructions Item 14) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-citizen - Provide Alien Registration Number: <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. High School Name		
21. Have you received a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Are you on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. If "Yes" to Item 22, is Georgia currently your home state of record? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. As of today, how old are you? If you are 24 or older, skip to Item 44. If 23 or younger, continue to Item 25.	
25. Did one or both of your parents claim you on their most recent Federal or State tax return? <input type="checkbox"/> Yes (<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Jointly) <input type="checkbox"/> No If yes, complete ALL remaining questions for both parents. If no, skip to Item 44		26. Is your Father/Guardian deceased? <input type="checkbox"/> Yes (If yes, list the date of death and skip Items 27-34) <input type="checkbox"/> No		27. Father/Guardian Last Name (Please Print) First Name Middle Initial		
28. Father/Guardian Address (Street, City, State, Zip Code)				29. Father/Guardian State of Legal Residence/Domicile		
30. Date Father/Guardian became a legal resident of state in Item 29 (Month/Day/Year)		31. Father/Guardian Driver License State		32. Father/Guardian Driver License Number		
33. Is Father/Guardian on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. If "Yes" to Item 33, is Georgia currently home state of record? <input type="checkbox"/> Yes <input type="checkbox"/> No		35. Is your Mother/Guardian deceased? <input type="checkbox"/> Yes (If yes, list the date of death and skip Items 36-43) <input type="checkbox"/> No		
36. Mother/Guardian Last Name (Please Print)		First Name		Middle Initial		
37. Mother/Guardian Address (Street, City, State, Zip Code)						
38. Mother/Guardian State of Legal Residence/Domicile		39. Date Mother/Guardian became a legal resident of state in Item 38 (Month/Day/Year)		40. Mother/Guardian Driver License State		
41. Mother/Guardian Driver License Number		42. Is Mother/Guardian on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. If "Yes" to Item 42, is Georgia currently home state of record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
44. Please indicate the college you are attending or up to six potential colleges you plan to attend:						
1. _____ School Name		4. _____ School Name				
2. _____ School Name		5. _____ School Name				
3. _____ School Name		6. _____ School Name				

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.

45. Student's Signature _____ Date _____

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.

NOTE: This application is good for 84 months unless a period of 18 months lapses without a HOPE, Zell Miller 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.