

2006-2007 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 1-45)

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)		City		State	Zip Code
6. Home Telephone Number		7. Work Telephone Number		8. Email Address	
9. Sex ___ Male ___ Female					
10. Driver License State	11. Driver License Number		12. Selective Service Registration Status (see instructions item 12)		13. U.S. Citizenship Status (see instructions item 13) ___ U.S. Citizen ___ Eligible Non-citizen ___ Other
14. State of Legal Residence/Domicile	15. Date you became a legal resident of the state in Item 14 (Month/Day/Year)	16. Do you pay Georgia State Income Tax? ___ Yes ___ No	17. Have you been convicted of a drug related felony? ___ Yes ___ No	18. If "Yes" to Item 17, provide date of conviction (Month/Day/Year)	
19. Are you in default or do you owe a refund on any federal or state educational loan or grant program? ___ Yes ___ No		20. Do you have a baccalaureate (four-year) college 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. Are you financially dependent upon a parent or legal guardian? ___ Yes ___ No		24. If "Yes", which parent/legal guardian provides majority of support? ___ Father/Guardian ___ Mother/Guardian ___ Both Equal			25. Is your Father/Guardian deceased? ___ Yes (If "Yes" skip 26-34) ___ No
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. Father/Guardian U.S. Citizenship Status (see instructions item 13) ___ U.S. Citizen ___ Eligible Non-citizen ___ Other		33. Is Father/Guardian on active duty with the U.S. Armed Forces? ___ Yes ___ No	34. If "Yes" to Item 33, is Georgia currently home state of record? ___ Yes ___ No	35. Is your Mother/Guardian deceased? (If "Yes" skip 36-44) ___ Yes ___ 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. Mother/Guardian U.S. Citizenship Status (see instructions Item 13) ___ U.S. Citizen ___ Eligible Non-citizen ___ Other		43. Is Mother/Guardian on active duty with the U.S. Armed Forces? ___ Yes ___ No		44. If "Yes" to Item 43, is Georgia currently home state of record? ___ Yes ___ No	

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.

45. Student's Signature _____ Date _____

SUBMIT THIS APPLICATION TO THE STUDENT FINANCIAL AID OFFICE AT THE COLLEGE OR UNIVERSITY YOU WILL ATTEND.

PART B. FINANCIAL AID OFFICER: COMPLETE THIS PART

Federal School Code Number _____ Date _____

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PART C. INSTRUCTIONS

ITEM 12:

Choose the appropriate Selective Service Code Number from the list below and enter it in the space provided in Item 12.

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 13:

If you are a U.S. Citizen or U.S. National, check the first choice in Item 13.

Check the second choice in Item 13 if you are one of the following:

- U.S. permanent resident, and you have an Alien Registration Receipt Card (I-551) or a Conditional Permanent Receipt Card (I-551c).
- Other eligible non-citizen with Arrival-Departure Record (I-94) from the Department of Homeland Security showing any one of the following designations: (a) "Refugee" (b) "Asylum Granted" (c) "Cuban-Haitian Entrant".

If you cannot check the first or second choice in Item 13, you must check the third choice. If you have an F1, F2, J1, J2, or G series visa you must check the third choice.