



Maryland Higher Education Commission
Office of Student Financial Assistance
6 North Liberty Street, Ground Suite
Baltimore, MD 21201
(410) 767-3300; (800) 974-0203
TTY for the Deaf - (800) 735-2258
MHEC.MARYLAND.GOV

HOWARD P. RAWLINGS

GUARANTEED ACCESS GRANT

High School Counselor Certification

2018-2019 Academic Year

Section A - Student Information: (Please print carefully)

1. Social Security Number or MHEC ID: _____ Date of birth: ____/____/____
2. Last name: _____ First name: _____ MI: _____
3. Permanent mailing address: _____ County of residence: _____
City: _____ State: _____ Zip code: _____
4. Name of high school: _____ Graduation Date: ____/____(MM/YY)
High school address: _____
City: _____ State: _____ Zip code: _____

Section B - High School Certification (to be completed by High School Counselor):

1. Student named above has earned at least a minimum, cumulative, unweighted 2.5 GPA. ___ Yes ___ No
2. Student named above will complete a college preparatory program. ___ Yes ___ No
3. Student's high school transcript is attached ___ Yes ___ No

**If not already included on the high school transcript, please be sure to attach the 1st semester grades of the student's 12th grade year to this form.*

_____ Date	_____ Counselor name (please print)	_____ Counselor's Signature
_____ (_____) Telephone number	_____ High school name	_____ High school code

Please mail or email immediately to:

Maryland Higher Education Commission
Office of Student Financial Assistance
Attention: Guaranteed Access Grant Program
6 North Liberty Street, Ground Suite
Baltimore, MD 21201
ga.mhec@maryland.gov