



Maryland Higher Education Commission
 Office of Student Financial Assistance
 6 N. Liberty Street, Ground Suite
 Baltimore, MD 21201
 (410) 767-3300; (800) 974-0203
 TTY for the Deaf - (800) 735-2258
 www.mhec.maryland.gov

**GA HIGH SCHOOL COUNSELOR
 CERTIFICATION form**
Guaranteed Access Grant
2019-2020 Academic Year

**Once updated, print & submit this form and all required documents
 to MHEC by **April 1, 2019**.**

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____ MI: _____

MHEC ID#:

Date of Birth: ____ / ____ / ____ (MM/DD/YY)

Last 4 digits of SSN:

Permanent Mailing Address: _____ County of Residence: _____

City: _____ State: _____ Zip Code: _____

Name of High School: _____ Graduation Date: ____ / ____ (MM/YY)

High School Address: _____

City: _____ State: _____ Zip Code: _____

SECTION B: HIGH SCHOOL CERTIFICATION (TO BE COMPLETED BY GUIDANCE 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 |

Note: A college preparatory program consists of courses that are preparing a student to meet scholastic requirements for entry into a college or university.

- | | | |
|---|-----|----|
| 3) Student's high school transcript is attached (transcripts must include full 1 st semester of 12 th grade grades) | Yes | No |
|---|-----|----|

By signing this document you acknowledge that all information provided is accurate to the best of your knowledge.

 Counselor name (please print)

 Counselor's Signature

____ / ____ / ____
 Date (MM/DD/YYYY)

(____) ____ - ____
 Telephone number

 High school name

 High school code

Once updated, print & submit this form and all required documents to MHEC by **April 1, 2019**

Mail: Ground Floor Suite, 6 N. Liberty Street, Baltimore, MD 21201

Fax: 410-332-0250

Email: ga.mhec@maryland.gov