

HOWARD P. RAWLINGS
GUARANTEED ACCESS GRANT
High School Counselor Certification
Academic Year 2016-2017

Section A - Student Information: (Please print carefully)

1. Social Security Number: _____ - _____ - _____ 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: ____/____(Month/Year)
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
3. Student's high school transcript is attached Yes No

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

Please mail 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**