



# EMORY UNIVERSITY

## Georgia HOPE Scholarship / GTEG Supplemental Residency Form

Emory University  
Office of Financial Aid  
200 Dowman Drive, Suite 300  
Atlanta, GA 30322

Phone: 404.727-6039  
Fax: 404.727-6709  
Email: [finaid@emory.edu](mailto:finaid@emory.edu)

<b>Student's Name:</b>	<b>Emory ID (EMPL):</b>
<b>Email Note:</b> Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	<b>Last 4 Digits of Student SSN (if ID Number Unknown):</b>  XXX - XX - _____

**Instructions:** Complete all sections of the form, Sections A through E, leaving none blank. Attach all the requested documents to the complete form. Return the signed, completed form and supporting documentation to the Office of Financial Aid. If you do not meet the criteria below for Georgia State Funds, then please [contact your financial aid advisor](#) to request the cancellation of your Georgia state aid.

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** Our fax number is 404-727-6709. Should you chose another option, our address is 200 Dowman Drive, Suite 300, Atlanta, GA 30322, and our general email account is [finaid@emory.edu](mailto:finaid@emory.edu).

**A: PROVIDE RESIDENCY DOCUMENTATION** Georgia Student Finance Commission (GSFC) requires a period of established Georgia residency. Check a box for each attached document. Residency documents from **BOTH** rows are required.

Dependent Student	Independent Student
<input type="checkbox"/> A copy of mother's Georgia driver's license <p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> A copy of father's Georgia driver's license	<input type="checkbox"/> A copy of the student's Georgia driver's license
<b>AND</b>	<b>AND</b>
<input type="checkbox"/> Proof of parent's voter registration status printed from <a href="#">the Georgia My Voter Page</a> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Parent's current and previous year Georgia state tax return <ul style="list-style-type: none"> <li>• Provide 2 years of <a href="#">GA Form 500</a></li> <li>• Call <a href="#">Taxpayer Services</a> at (404) 417-6760 to request a</li> </ul>	<input type="checkbox"/> Proof of student's voter registration status printed from <a href="#">the Georgia My Voter Page</a> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Student's current and previous year Georgia state tax return <ul style="list-style-type: none"> <li>• Provide 2 years of <a href="#">GA Form 500</a></li> <li>• Call <a href="#">Taxpayer Services</a> at (404) 417-6760 to request</li> </ul>

**B: PROVIDE PROOF OF STUDENT CITIZENSHIP** Georgia Student Finance Commission (GSFC) requires that a **student** is a US citizen, or eligible non-citizen for 12 consecutive months immediately prior to the start of term. Provide one of the documents below, and check a box to indicate which document is attached. **The effective date must be more than 12 months.**

I am a citizen or eligible non-citizen, and will attach the following document as proof:

- A copy of my US Passport
- A copy of my birth certificate
- A copy of my Naturalized Citizenship form
- A copy of my Permanent Resident card



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## Georgia HOPE Scholarship / GTEG Supplemental Residency Form (continued)

Student's Name:	Emory ID (EMPL):
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**C: ESTABLISH RESIDENCY HISTORY** Please detail the dates of Georgia residency, and the history of education within Georgia. In-state residency must be established for a minimum of 12 months—24 months in some special cases—prior to the first day of class of the academic

### PARENT(S) RESIDENCY

State of legal residence: \_\_\_\_\_ Date parent(s) became a resident (month/year): \_\_\_\_/\_\_\_\_

### STUDENT RESIDENCY

State of legal residence: \_\_\_\_\_ Date you became a resident (month/year): \_\_\_\_/\_\_\_\_

Date of high school graduation (month/year): \_\_\_\_/\_\_\_\_

Name of final high school:

Location of the high school (city, state):

Name of the first Georgia college or university attended after high school:

Start date of the Georgia college or university attended (month/year): \_\_\_\_/\_\_\_\_

**D: MILITARY RECORD INFORMATION** A dependent student must answer based on the military service of a parent. An independent student must answer based on his/her personal military service. Provide the document requested below.

Are you on active duty of in the United States Military?

Yes

No

Home of Record (state): \_\_\_\_\_

I am active military and have attached a copy of my current military orders.

### E: CERTIFICATION STATEMENT

I certify that the information I am providing is true, complete, and correct to the best of my knowledge.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_