

**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**