



# 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

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

**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 \_\_\_\_\_

**A: PROVIDE RESIDENCY DOCUMENTATION** Georgia Student Finance Commission (GSFC) requires a period of established Georgia residency. Return this completed form with the requested driver's license(s) **AND** one of the documents from the last column to the Office of Financial Aid.

Dependent Student	A copy of mother's Georgia driver's license <b>AND</b> A copy of father's Georgia driver's license	Parent's Georgia voter registration card <b>OR</b> Parent's in-state vehicle registration <b>OR</b> Parent's current year Georgia state tax return
Independent Student	A copy of the student's Georgia driver's license	Student's Georgia voter registration card <b>OR</b> Student's in-state vehicle registration <b>OR</b> Student's current year Georgia state tax return

**B: 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 year.

	Parent	Student
Current state of legal residence		
Date you became a resident (month/year)	____ / ____	____ / ____
Date of high school graduation		
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)		____ / ____