State of Georgia
Nonpublic Postsecondary Education Commission

Scholarship/Grant Application Form

Institution Name:

Scholarship/Grant Name: **Scholarship/Grant Amount:**

1. To whom is the scholarship/grant available?

2. Is the scholarship/grant need-based or merit-based?

3. What criteria is used to evaluate either "need" or "merit"?

4. Will the availability of this scholarship/grant affect current or projected tuition or costs?

5. For what reasons could the scholarship/grant be revoked? What notification will be provided to the recipient in such cases?

6. How is the scholarship/grant's availability advertised to students?

Certification

I certify that all of the data and information in this application are true, complete and correct to the best of my knowledge and belief. I certify that scholarship/grant income and expenses will be documented on the Financial Statement and that the bestowal of the scholarship/grant will be documented in the recipient's financial records. I recognize that incomplete or inaccurate information may result in denial of the approval of this scholarship/grant or revocation of the Certificate of Authorization for the institution represented in this application.

Printed Name and Title: _____

Signature: _____ Date: _____

March 2017