



Accel Program Application

General Instructions:

The Accel Program is for students classified as high school juniors and seniors at accredited public or private high schools in the state of Georgia, and is operated in all school terms except summer. The program allows students to pursue postsecondary study at approved public and private colleges and technical colleges while receiving dual high school and college credit for courses successfully completed. Courses pursued by students under this program must come from the approved course directory available at the Georgia Student Finance Commission website which is supplied to high school counselors in the state. Courses are available only in the areas of the core graduation requirements for college preparatory students: English; Mathematics; Social Studies; Science; Foreign Language. The program pays for tuition, mandatory fees and provides participating students with a book allowance, in keeping with the benefits provided by the HOPE Program. Transportation and other expenses are the responsibility of the student, including tuition and other expenses for non-core courses, if any are taken. Credit hours paid by the Accel Program for the student will count towards the limit of postsecondary hours paid for by the HOPE (Helping Outstanding Pupils Educationally) Program. Additional requirements or restrictions for participating in this program may be imposed by the high school.

Part I of this form is to be completed by the Student and Parent/Guardian. The purpose of this part is to collect general information about the student and to ensure that the student's status conforms to legal requirements for: **(1) residency; (2) lack of felony drug convictions; (3) citizenship; (4) selective service registration; and (5) the absence of defaults or refunds on previous federal and state loan and grant programs.** On page three, the **Certification, Authorization, and Agreement** asks the student and parent to certify that supplied information is correct, to the best of their knowledge, and states that completing and signing this application gives the authority to all involved educational agencies to transfer and use any student information necessary for operating the Accel Program. Students and Parents are also informed of the **penalties for false swearing.**

Part II of this form is to be completed by the student's high school counselor, registrar, or other appropriate high school official. This page will provide general information about the high school and will list the courses from the approved course directory for which the student will receive high school credit provided a corresponding college course is completed for credit.

Part III of this form is to be completed at the appropriate postsecondary institution, by the admissions office, registrar, or similar appropriate official. To participate in the Accel Program, a postsecondary institution must be a HOPE-eligible public or private institution and must have submitted a listing of college courses that correspond to high

school courses in the Accel Course Directory. In Part III, postsecondary officials are to list the coursework that a student proposes to take at the postsecondary institution that corresponds to the coursework described in Part II that was agreed upon by the student, parent and high school official. It is important that the postsecondary student receive coursework that corresponds to the student proposed and the high school official agreed to in Part II, otherwise dual credit may not be awarded. Copies of all parts, I, II and III should be retained by the postsecondary institution office for audit purposes.

Some General Considerations:

- **Students must be admitted to a postsecondary institution**, according to the rules of that institution, **prior to participating in the Accel Program** – approval by the high school to take postsecondary courses will not ensure that the student is admitted to the postsecondary institution. Also, **it is the student’s responsibility to schedule the exact courses approved by the high school** – space in some college courses may be limited, and some courses offered may not have space available.
- It is the duty of the student and parent, high school official, and postsecondary official to **retain copies** of the form for their respective uses.
- College credit obtained at one postsecondary institution may or may not be transferred for credit to another institution – **the permissible credit allowed for courses taken elsewhere is determined solely by the receiving postsecondary institution.**
- **Credit hours taken under the Accel Program will count against** the scholarship and cumulative hour caps if the student becomes a **HOPE** scholar.
- The **book allowance received by the student may not be sufficient**, in some cases, to pay the complete costs of books required for the course or courses taken. In this case, the **student must pay the additional costs.**

Suggested Order of Action for those Seeking to Participate in Accel

Step One: Examine high school credit needs in concert with high school counseling staff and examine what courses are available at an appropriate postsecondary institution.

Step Two: Apply to take Accel coursework in the postsecondary institution, and obtain counseling from the college on Accel participation.

Step Three: After College Acceptance, have high school officials fill out Part II.

Step Four: Have College officials fill out Part III, and schedule postsecondary coursework that matches the Part II approved coursework.

Remember: It is the duty of the student and parent to make sure that the logistical requirements for Accel participation – transportation, timing, etc. – can be met.



Note: This form is to be completed only after admission to a postsecondary institution. Please keep all five original pages of this document together, and please make sure that you save a copy.

Part I: To be Completed by Student and Parent/Guardian

I/we understand that failure to enroll in and pass designated postsecondary courses may result in the student not graduating with his or her class. I/we understand that any credits earned under this program may or may not be transferable to a University System or other institution: such determinations must be made by the receiving institution. I/we also understand that any refund of fees, paid under Part III below, resulting from withdrawal from a postsecondary institution will be returned to the Georgia Student Finance Commission. Further, I/we authorize the postsecondary institution named below to forward a transcript of grades to the high school named below for the school term(s) named below.

Student's Last Name: _____ First Name: _____ MI: _____

Student's SSN: _____ Student's Date of Birth: _____

Student's Home Address: _____

_____, _____
City State Zip Code

Student's Home Telephone Number: (_____) _____

Student's E-mail Address: _____

Student's Gender (check one): Male Female

Student's State of Legal Residence (Residency or domicile is your true, fixed and permanent home.) _____

Date student became a legal resident of the state listed above (Month/Day/Year): _____

Have you been convicted of committing a felony offense involving marijuana, controlled substances, or dangerous drugs?

No Yes (If you answered "Yes" give the date of your conviction (Month/Date/Year) _____)

Are you a U.S. citizen? (Please read the instructions below- before completing this item.)

- Yes, I am a U.S. Citizen.
- No, but I am an eligible non-citizen. Alien Registration Number: A _____
- No, neither of the above.

INSTRUCTIONS FOR COMPLETING CITIZENSHIP INFORMATION

If you are a U.S. citizen or U.S. National, answer “Yes” by checking the first box.

Check the second box and write in your eight- or nine-digit Alien Registration Number if you are one of the following:

- U.S. permanent resident, and you have an Alien Registration Receipt Card (I-551) or a Conditional Permanent Resident Card (I-551c).
- Other eligible non-citizen with Arrival-Departure Record (I-94) from the Department of Homeland Security showing any one of the following designations: (a) “Refugee,” (b) “Asylum Granted,” or (c) “Cuban-Haitian Entrant.” AND the expiration date has not passed.

If you cannot check the first or second box, you must check the third box. If you have an F1, F2, J1, J2 or G series visa, you must check the third box.

Selective Service Status (Enter Code Number from the list below).

Code Number: _____ If you have registered, please provide your Selective Service Number:

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- *The Selective Service System was created by the U.S. Government to register male U.S. citizens and male resident aliens living in the U.S., who are 18 through 25 years of age. In the event of a military crisis requiring a draft, registered men may be called into military service in sequence determined by random lottery number and by year of birth. To obtain your Selective Service Number, call (847) 688-6888 or visit the Selective Service Web site at www4.sss.gov.*

Choose the appropriate Selective Service Code Number from this list and enter it in the space provided above.

Selective Service Status/Reason Code

1. I have registered with the Selective Service (provide Selective Service Number in space above).
2. I am female.
3. I have not reached my 18th birthday.
4. I have not registered with the Selective Service for a reason not listed above.

Are you in default or do you owe a refund on any federal or state educational loan or grant program?

No Yes If you answered “yes,” please provide an explanation:

Please read the following certification statement and sign below:

CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I/we certify that the information reported above and on any other document or writing in connection with this application is true, correct and complete to the best of my/our knowledge. I/we authorize release and exchange of information between the Georgia Student Finance Commission, educational institutions, and educational state agencies, and agree that such information exchanged may include financial, enrollment, academic status, identification, legal residency, and location information necessary to assure proper administration of this program. I/we understand that any willfully false statements made herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310, which states that false swearing shall be punished by a fine of not more than \$1,000 or imprisonment for not less than one or more than five years or both.

Student's Signature

Parent/Guardian's Signature

Print Parent/Guardian's Name

Date
