



Office of Student Financial Aid
2400 Gillionville Road
Albany, GA 31707-3098
Telephone 229-317-6746
Fax 229-317-6607

HOPE Grant
Letter of Understanding
2011 - 2012

This is to certify that I have read and understand the conditions stated below concerning eligibility for the HOPE Grant program. Please complete and return to the Financial Aid Office.

1. I understand that I must apply for financial aid through submission of the Free Application for Federal Student Aid (FAFSA) or by completing the HOPE Grant application at www.gacollege411.org
2. I understand that eligibility for the HOPE Grant is contingent upon my enrollment through a certificate program offered at Darton College.
3. I understand that the HOPE Grant will cover the tuition, a portion of fees and a book allowance for those courses **REQUIRED in my chosen certificate program.**
4. I understand that I must maintain satisfactory academic progress each semester in order to receive continued assistance through the HOPE Grant.
5. I understand that changing my major to an associate degree program will terminate my eligibility for the HOPE Grant.
6. I understand that I must notify the Office of Student Financial Aid **IMMEDIATELY** if I change my major to a non-eligible program.

I am enrolling in the _____ certificate program.

I anticipate completing this program at the end of the _____ Semester, _____ (year)

Print Name

SSN/Student ID

Signature

Date