



Scholarship Program

Georgia Association of Housing and Redevelopment Authorities, Inc.

ADULT STUDENT 2026 APPLICATION

Application must be completed in typewritten English. Application, forms and Essay is due by February 28, 2026. NO EXCEPTIONS.

Name: _____
First Middle Last

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____

Years you have lived at present address: _____ E-mail: _____

Sponsoring Agency: _____

Sponsoring Agency's Address: _____

City: _____ State: _____ Zip: _____

Agency Phone #: _____ Email: _____

Type of Scholarship applying for: ☐ Academic or ☐ Vocational/Technical

Name of College or Technical School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Classification: _____ Major: _____ GPA: _____

Expected Graduation Date: _____

Are you currently receiving financial aid? _____ Yes _____ No

What does the financial aid cover? _____

Please provide the source and amount: _____



Adult Student Scholarship 2026 Application

HIGH SCHOOL INFORMATION

Name of High School that you graduated from: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Graduation Date: _____

Graduation Equivalency Diploma (GED) Date: _____

Estimated Educational Expenses for the Academic Year beginning Fall 2026: _____
Please include tuition, fees, books, and supplies.

REQUIRED ESSAY

Please provide a typed written essay describing your reasons for attending college or technical school at this time in your life. In addition, please include any information that you feel would be helpful to the committee in selecting scholarship winners.

[Application will not be considered if essay is not attached.]

RELEASE

By submitting this application, I hereby give my Housing Authority/Community Development Agency and the Georgia Association of Housing and Redevelopment Authorities, Inc. permission to use my name, image and likeness in matters relating to the promotion of this scholarship. In addition, I give them permission to review my tenant records with my sponsoring agency and/or contact my school office(s) concerning the validity of my application materials. I understand that if I submit false information on this application, I will be denied the scholarship without appeal. Furthermore, I understand that award of the scholarship shall be governed by any and all conditions established by the Committee.

Applicant: _____ / _____
Signature Date





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Certification Form Grade Point Average/Test Scores

Certification form must be completed in typewritten English by School Official. Due by *February 28, 2026. NO EXCEPTIONS.*

I certify that _____'s cumulative grade point average as of
Name of Student

December 31, 2025:

_____ / on a 100-point scale _____ / on a 4.00 scale

Other Scores / Test Results		
ACT	SAT	GHSCT Writing

Signature: _____ Date: _____
School Official

Title: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Certified High School Transcript required. Must be mailed to: GAHRA Scholarship Committee C/O Eastman Housing Authority, PO BOX 100, Eastman, GA 31023-0100.





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Submission Certification Form

Submission Certification Form must be completed in typewritten English by Authority/Agency. Due by February 28, 2026. NO EXCEPTIONS.

The _____ hereby submits the following
(Name of Housing Authority or Community Development Agency)
applicant(s) for:

Academic Award - _____
Name of Student

Vocational/Technical Award - _____
Name of Student

I certify that the _____, will provide
Sponsoring Name of Housing Authority or Agency
technical equipment for applicant to be interviewed virtually by Scholarship

Committee and will cover associated costs and coordinate travel arrangements if
our applicant(s) is selected to receive a Scholarship Award at the GAHRA Spring
Conference. I further certify that the housing authority is current on GAHRA dues
and the housing authority is a GAHRA Member as of the deadline of the
submission of the application.

The Sponsoring Housing Authority is responsible for the purchase of Scholarship Luncheon tickets prior to conference and must register to obtain badge and tickets for luncheon at the conference for all guest and staff that is not registered for the conference. GAHRA provides two (2) luncheon tickets. One (1) ticket for Awardee and One (1) Guest.

Signature: _____ Date: _____
Executive Director

Housing Authority or Agency: _____
Address: _____ City _____, GA Zip _____
Staff Contact Phone #: _____ Email: _____





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Requirements Checklist

Application

- ☐ Complete Application (pages 4 and 5)
- ☐ Type of Scholarship applying (page 4)
- ☐ Signed by Applicant (page 5)
- ☐ Essay (Typewritten 350-500 words page 2 & 5)

Support Information

- ☐ Documentation of High School Graduation Date or completion of GED
- ☐ GPA Certification Form completed and signed by School Official
- ☐ Transcript of any prior college or technical/vocational courses taken
- ☐ Copy of SAT/ACT Scores, if applicable
- ☐ Copy of College Placement Exam (CPE) Score
- ☐ Three Letters of Support
- ☐ Submission Certification from Housing Authority Executive Director or Community Development Program Director
- ☐ Sponsorship Letter from Housing Authority Executive Director or Community Development Program Director
- ☐ Housing Authority or Community Development Program Current GAHRA Member.

