



GEAR UP SCHOLARSHIP ACKNOWLEDGEMENT FORM

I acknowledge that I may be eligible for GEAR UP Financial Aid if I enroll at a Nevada System of Higher Education college/university, complete the FAFSA and enroll for 12 credits per semester or 6 semester credits during the summer. I understand that I must maintain a 2.0 semester GPA and 12 semester credits or 6 semester credits for the summer term in order to continue eligibility in future semesters.

Please complete the information below and return to the GEAR UP office:

PLEASE PRINT CLEARLY

First Name MI Last Name **If Name Changed, Previous Name**
Is this a name change? Yes No

Your Full Mailing Address City State Zip Code
Is this a change of address? Yes No

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Date of Birth Contact Phone Email (required-print neatly)
Change? Yes No Change? Yes No

College Attending

Signed

Date

**This form MUST be returned to be eligible for GEAR UP funds
Fax or Mail to:**

Nevada State GEAR UP Office

Vicki Graves, Scholarship Coordinator
Nevada Department of Education
1749 Moody Street, Suite 40
Carson City NV 89706

**PHONE: (775) 687-9150
FAX: (775) 687-9113
Email: vgraves@doe.nv.gov**