

Office of Financial Aid

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HOPE Evaluation Request Form

Name:	Social Security Number:
I would like to be considered for the following	HOPE Scholarship Program:
I am HOPE eligible and have not attended a colle on (graduation date:) Month/ year	ege or any other secondary institution. I graduated from high school
I am a continuing student and have attended or	nly South Georgia State College .
trancript from all institutions you attended regardless courses you enrolled in.	g public schools, private schools, technical schools, etc.) We will need a of whether you received HOPE there or actually received credit for the
In addition to grade point average requirements, stude	Residency Questions ents must also meet residency requirements to be eligible to receive funds questions; failure to complete all questions will delay our evaluation of
In what state did you graduate high school?	
What was the name and location of the first Georgia p	
Has any other Georgia post-secondary school ever adn If YES, school name & location:	
Have you lived in Georgia for 24 consecutive months in attending school? No Yes	mmediately preceding your date of registration for purposes other than
How long have you resided in Georgia?	
If applicable, why did you move to Georgia?	
Have you ever <u>received</u> HOPE at another Georgia post- If YES, school name & location:	e-secondary school? No Yes
Have you ever been <u>denied</u> HOPE by another Georgia If YES, school name & location: Reason for the denial:	
Student Signature	Data