



HOPE/Zell Miller Scholarship Request Form

Student Name: _____

Student ID: _____

Please complete all sections below and return to the Office of Student Financial Aid :

1) Evaluation is requested for (check one): Fall Spring Summer Year _____

2) Check only one:

- Transfer student
- Expect to gain/regain HOPE eligibility
- Returning after break in enrollment.
Last attended: _____ (semester & year)
- Grade change for course # _____
during _____ (semester & year)

3) Indicate if you have ever received the following: HOPE Scholarship Zell Miller Scholarship HOPE/Zell Grant

4) When did you graduate high school/home school or receive a GED? _____ (month & year)

**Home school graduates must request retro-active HOPE payment directly from GSFC no later than the last day of the semester immediately following 30 attempted hours.*

***If more than seven years has passed you may not be eligible to receive funds.*

5) List ALL Post-secondary Institutions attended (including this institution) – NOTE: Failure to list all institutions attended or providing incorrect information could result in cancellation/repayment of HOPE funds.

_____ from _____ to _____ (term & year)

_____ from _____ to _____ (term & year)

_____ from _____ to _____ (term & year)

_____ from _____ to _____ (term & year)

6) Do NOT submit this Request Form unless you can indicate “yes” by checking the below boxes:

- You have been accepted by Admissions.
- You have not exceeded **127 attempted or paid hours**, including hours attempted and/or paid at all prior institutions.
- You are not in default or owe a refund on any financial aid funds (ex: HOPE Scholarship, Pell Grant, Direct Loans).
- You have read and understand all eligibility requirements found at www.gafutures.org.

If eligible to receive the HOPE/Zell Miller Scholarship, I understand that my scholarship award may change if additional information is received regarding my eligibility which requires an adjustment to my account. I also understand that my eligibility cannot be determined until all final official academic transcripts have been evaluated by the Office of Academic Admissions. The information provided on this form is true and correct.

Signature _____ Date _____

Please note: Processing times may vary depending upon submission date and semester indicated.