AUGUSTA UNIVERSITY

**OFFICE OF STUDENT FINANCIAL AID**
**Summerville Campus** Phone: 706-737-1524
Email: osfa@augusta.edu Fax: 706-737-1777
Website: www.augusta.edu/finaid

# 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.