HOPE/ZELL MILLER Scholarship Request Form (HOPE)

Please complete all sections below and submit to EGSC Financial Aid Office:

1. Evaluation is requested for (select one): * -- Please Select -- Year:

2. Select ONLY one of the following:
   - Transfer Student
   - Expect to gain/regain HOPE
   - Returning after break in enrollment
   - Grade Change
   - Course #:

Last attended: Semester: Year:

3. Select if you have received one of the following:
   - HOPE Scholarship
   - HOPE Grant:

4. Enter your high school graduation/home school completion date or GED reception date.
   * If more than seven years have passed, you may not be able to receive HOPE funds.

5. List ALL other Post-Secondary Institutions attended.
   (NOTE: Failure to list ALL institutions attended or providing incorrect information could result in cancellation and/or repayment of HOPE funds.)

*Include Term & Year when listing the attended institutions*

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7. Do NOT submit this request form UNLESS you are in compliance with ALL of the following:
   * I have been officially accepted to EGSC.
   * I have completed a FAFSA at www.fafsa.gov.
   * I have not exceeded 127 attempted or paid hours TOTAL, of HOPE, from ALL institutions ever attended.
   * I am not in Default or owe any refund, on any type of financial aid fund. (ex. HOPE scholarship, HOPE Grant, PELL Grant, Student Loans)
   * I have read AND understand all eligibility requirements found on www.gacollege411.org.

   * If a new transfer student-EGSC Office of Admissions has evaluated ALL Final Official updated transcripts from ALL previous institutions.
   * If a non-US citizen- I have attached or previously submitted a copy of my Permanent Resident Card.

Attach file here:
If eligible to receive the HOPE/ZELL Miller Scholarship, I understand that my scholarship award may be adjusted upon receipt of additional information regarding my eligibility.

I hereby certify, by electronically signing that the information provided on this form is true and correct.

Signature: __________________________ Date: ________________

(Please note the above signature line is only needed if it is decided that you want to download and print the form in order to submit a paper copy. You will be prompted to submit your electronic signature.)

**Please note:** Processing times may vary depending upon submission date and semester indicated. **Fall** semester awarding begins in *June*; **Spring** awarding in *November*; and **Summer** awarding in *April*. 

(Financial Aid Office Use Only)

**KEY_AIDYEAR:**  
**KEY_BANID:**  
**Processed By:**