



HOPE/ZELL MILLER Scholarship Request Form (HOPE)

First Name: * MI: Last Name: * Student's Identification (ID) Number#: *

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

1. Evaluation is requested for (select one): * 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.

Month: * Year: *

* 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

| | | |
|----------------------|----------------------------|--------------------------|
| <input type="text"/> | From: <input type="text"/> | To: <input type="text"/> |
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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:

First Name: * Last Name: * Student's Identification (ID) Number#: *

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_BAND: * Processed By: *