



2018-2019 HOPE SCHOLARSHIP EVALUATION FORM

NAME: _____ STUDENT ID: _____

TERM APPLYING FOR HOPE SCHOLARSHIP: Fall 2018 Spring 2019 Summer 2019

Enter your high school graduation/home school completion date or GED reception date:

Month: _____ Year: _____

List the name(s) of ALL postsecondary institutions you attended since high school. It is the student's responsibility to provide transcripts from each institution and to submit an official copy to Savannah Technical College. Your HOPE eligibility cannot be evaluated without all prior academic history. *Failure to list ALL institutions attended or providing incorrect information could result in cancellation and/or repayment of HOPE funds.*

<i>Name of Institution</i>	<i>Dates Attended</i>

Have you ever received the Hope Scholarship at any previous colleges? ____ Yes ____ No

***All degree-level coursework from previous institutions will be considered in calculating your cumulative HOPE GPA. Attempted hours include all degree-level courses attempted after high school graduation in which a grade was received, and courses in which a W, S, U, IP, I, or SC was earned. You must be a high school HOPE Scholar or have a 3.00 HOPE GPA or better at 30, 60, and 90 attempted semester hours to be eligible to enter the HOPE Scholarship Program. The HOPE Scholarship Program eligibility is limited to 7 years beyond your actual high school graduation date or the date you should have graduated from high school, if you withdrew. Once your eligibility is evaluated, you will be notified at your STC student email of the results.**

Are you currently enrolled in a **Degree** program? ____ Yes ____ No*

*If no, for which degree program would you like to be evaluated? _____

Do you have a bachelor's degree or above? ____ Yes ____ No

(If **yes**, then **you do not** qualify for the HOPE scholarship.)

Are you a veteran? ____ Yes ____ No (Please check one)

(If **yes**, please provide a copy of your DD214)



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Are you active duty military? ____ Yes ____ No (Please check one)

(If yes, what is your home of record?) _____

By signing below, I certify that:

I have completed a current FAFSA or a Hope Alternative Application

I understand that providing false or misleading information or omitting information on any Financial Aid application or document may be grounds for immediate dismissal from school, immediate revocation of financial aid, and other penalties as allowed by law.

- I am a US citizen or eligible non-citizen
I have not been convicted of a felony offense involving marijuana, controlled substances, or dangerous drugs.
Males over age 18 born after 1960: I am registered with Selective Service.
I have not exceeded 127 attempted or paid hours TOTAL, of HOPE, from All institutions ever attended.
I am not in default nor do I owe a refund on any federal or state educational loan or grant program.
I have read AND understand all eligibility requirements found on www.gacollege411.org.

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

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

STUDENT SIGNATURE

DATE

Please Note: Processing times may vary depending upon submission date.

(Financial Aid Office Use Only)

Received By: Date:

Approved [checkbox]

Evaluated By: Date:

Denied [checkbox]

Comments: [text area]