



**2021-2022 HOPE SCHOLARSHIP
EVALUATION FORM**

NAME: _____ **STUDENT ID:** _____

TERM APPLYING FOR HOPE SCHOLARSHIP: Fall 2021 Spring 2022 Summer 2022

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

Month: _____ Year: _____

List the name(s) of ALL postsecondary institutions that you have attended since high school. It is the student's responsibility to provide an official copy of transcripts from EACH institution 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. A student who received his/her first HOPE Scholarship payment from Summer term 2019 or later, and meets all other eligibility requirements for the HOPE Scholarship, may receive the HOPE Scholarship until June 30th following completion of the 10th full year after his/her high school graduation, Home Study completion date/GED test date. 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)

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



2021-2022 HOPE SCHOLARSHIP EVALUATION FORM

(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 the Combined Paid-hours limit of 127 semester hours from any combination of Zell Miller or HOPE Scholarship Paid-Hours, plus HOPE or Zell Miller Grant Paid-Hours, plus Accel Program Paid-Hours (through FY2011).
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.gafutures.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 []
Evaluated By: Date: Denied []

Comments:
[]