

STUDENT'S NAME: \_\_\_\_\_ GHC ID# 900 \_\_\_\_\_



# GEORGIA HIGHLANDS COLLEGE

## Office of Financial Aid

### HOPE Scholarship Eligibility Review Form

REVIEW FORM MUST BE RECEIVED BY OUR OFFICE ON OR BEFORE THE DEADLINE DATE LISTED BELOW FOR THE SEMESTER YOU ARE SEEKING THE HOPE SCHOLARSHIP.

FALL 2016	SPRING 2017	SUMMER 2017
November 11, 2016	April 14, 2017	July 8, 2017
HIGH SCHOOL GRADUATION DATE	SOCIAL SECURITY NUMBER	EMAIL ADDRESS

#### LIST ALL INSTITUTIONS YOU HAVE ATTENDED BELOW

NAME OF INSTITUTION	DATES ATTENDED

**Acknowledgement:** I understand final official transcripts from all previously attending institutions must be on file with Admissions before my eligibility can be determined. Failure to provide complete and accurate information may result in the delay or cancellation of my evaluation and/or repayment of funds received.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

GHC-Floyd  
F: 706.295.6731

GHC Cartersville  
F: 678.872.8013

GHC-Marietta  
F: 678.872.8560

GHC-Douglasville  
F: 678.872.4235

GHC-Paulding  
F: 678.946.1025

