

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. REGARDLESS OF ELIGIBILITY, FUNDS WILL NOT BE ISSUED FOR REVIEWS SUBMITTED AFTER THE DEADLINE DATE OR PAST SEMESTERS.

FALL 2015	SPRING 2016	SUMMER 2016
November 13, 2015	April 15, 2016	July 8, 2016
PHONE NUMBER	SOCIAL SECURITY NUMBER	EMAIL ADDRESS

**LIST ALL INSTITUTIONS YOU HAVE ATTENDED BELOW**

*\*Failure to list all previously attended institutions – Form will be denied\**

NAME OF INSTITUTION	DATES ATTENDED

**DID YOU COMPLETE** (Check One):  HOME SCHOOL  HIGH SCHOOL  GED **YEAR COMPLETED:** \_\_\_\_\_

**DO NOT SUBMIT THIS FORM AS YOU WILL NOT BE ELIGIBLE IF YOU:**

- HAVE A BACHELOR'S DEGREE
- ARE NOT A GA RESIDENT
- IN DEFAULT ON A STUDENT LOAN
- GRADUATED HIGH SCHOOL, COMPLETED HOME SCHOOL OR GED 7 or MORE YEARS AGO and DID NOT RECEIVE A HOPE SCHOLARSHIP PAYMENT PRIOR TO SUMMER 2011.
- LOST HOPE ELIGIBILITY MORE THAN ONCE
- ARE NOT A FINAL HOPE SCHOLAR OUT OF HIGH SCHOOL AND DO NOT HAVE 30 ATTEMPTED HOURS TOWARDS A DEGREE (EXCLUDE LEARNING SUPPORT HOURS TAKEN AFTER SUMMER 2011)

**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. I will monitor my **CHECK MY AID STATUS** link for messages and status updates.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICIAL USE ONLY**

<b>STUDENT TYPE:</b>		<b>GA RESIDENT:</b>		<b>HSGR DATE:</b>	
<b>EXP DATE:</b>					
<b>GHC:</b>	AHRS:	GHRs:	QPTS:	LAST CKPT:	
<b>TR/OTHER</b>	AHRS:	GHRs:	QPTS:	LAST CKPT:	
<b>TOTAL HOPE</b>	AHRS:	GHRs:	QPTS:	LAST CKPT:	
<b>1<sup>ST</sup> LOSS DATE:</b>		<b>2<sup>ND</sup> LOSS DATE:</b>			

<b>ELIGIBILITY:</b>	BGPA	EXP	ELIG	CAPR	<b>TERM:</b>	<b>EVAL INITIALS:</b>
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GHC-Floyd                      GHC Cartersville                      GHC-Marietta                      GHC-Douglasville                      GHC-Paulding  
 F: 706.295.6731                      F: 678.872.8013                      F: 678.872.8560                      F: 678.872.4235                      F: 678.946.1025

Office of Financial Aid email: [finaid@highlands.edu](mailto:finaid@highlands.edu)  
 Check your Financial Aid status @ [www.highlands.edu/financialaid](http://www.highlands.edu/financialaid)