



OFFICE OF FINANCIAL AID

HOPE EVALUATION REQUEST

NAME: _____

Ram ID: _____

Telephone# _____ Email: _____

Please refer to the deadline dates and select the semester you would like to be checked for HOPE.

2009-2010 ACADEMIC YEAR

- Fall (08/09 – 12/09) Please submit this form by July 1
- Spring (01/10 – 05/10) Please submit this form by November 15
- Summer (05/10 – 07/10) Please submit this form by April 15

I would like to be considered for the following HOPE Scholarship Program option:

- Previous ASU HOPE student attempting to regain HOPE eligibility
- First time student HOPE eligible from high school (high school graduation date: _____/_____/_____))
- First time HOPE student (note eligible from high school) with a cumulative grade point average (GPA) of 3.0 or more at the end of the indicated term level (check one)

Term Level

Attempted semester hours: 30 60 90

If any of these hours were taken at another institution other than at ASU, list institution(s) and date(s) attended

TRANSFER STUDENTS

- Transfer student or Transfer Continuing HOPE student and have attended other institutions (list institution(s) and date(s) attended)

I have an Associate Degree from _____

I have a Bachelor Degree from _____

I understand to be eligible for HOPE I must be declared a Georgia resident. I am either a native Georgian, **or** have graduated from an accredited Georgia High School, **or** have resided in Georgia for at least 24 months prior to entering a postsecondary institution in the state of Georgia.

Signature: _____ Date: _____

STUDENT MUST APPLY FOR THE HOPE SCHOLARSHIP PROGRAM EACH AWARD YEAR BY COMPLETING AND SUBMITTING EITHER THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) OR THE GEORGIA HOPE SCHOLARSHIP APPLICATION (GSFAPPS) ON-LINE at GACollege411.org.

