



UNIVERSITY SYSTEM OF GEORGIA  
OFFICE OF FINANCIAL AID

HOPE EVALUATION REQUEST

Name: \_\_\_\_\_ RAM ID: \_\_\_\_\_

Any Previous Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Please select the semester you would like to be evaluated for HOPE. Requests submitted after the appropriate deadline will not be processed.

- Fall - Deadline July 1     Spring – Deadline December 15     Summer – Deadline May 1

**Scholarship Information • Please respond to ALL questions**

How long have you lived in Georgia? \_\_\_\_\_ Years \_\_\_\_\_ Months

Did you graduate from high school as a Georgia HOPE Scholar? Yes \_\_\_\_\_ No \_\_\_\_\_

High School Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How many hours have you attempted including current term of enrollment? \_\_\_\_\_

Are you a transfer student? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a transfer student, please list all schools attended including technical schools. Failure to list all institutions attended or providing incorrect information could result in processing delays and/or cancellation/repayment of HOPE funds.

\_\_\_\_\_ from(term/year) \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from(term/year) \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from(term/year) \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from(term/year) \_\_\_\_\_ to \_\_\_\_\_

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

\_\_\_\_\_  
Date