



2014-2015 HOPE SCHOLARSHIP EVALUATION FORM

Prior to completing this form your student admissions file must be complete. A complete file includes all official GED or High School transcripts and official copies of all previously attended colleges or universities. You must also have a financial aid application on file. **Please allow a minimum of three weeks for processing applications. Students will receive an email notification of eligibility via CTC issued email account.**

Student Name _____ SSN/ID _____ Telephone # _____

Current Program of Study _____

For which Associate Degree program of study do you wish to be evaluated for? _____

***NOTE: You must choose ONE program of study, if you wish to change your program at a later date you will need to submit an evaluation form for that program of study.*

HIGH SCHOOL HISTORY

Did you graduate from a Georgia high school? YES _____ NO _____ Year: _____

High School: _____ Graduation Year: _____

Have you ever received HOPE SCHOLARSHIP? _____

***NOTE: Students graduating high school more than 7 years ago who have never received Hope Scholarship, will not be eligible.*

GEORGIA RESIDENCY

Have you been a Georgia Resident for at least 24 months? _____ If yes, list date you became a legal GA resident _____

***NOTE: Students that graduated from an **Out of State** high school or received their GED **Out of State must** provide **two** concurrent years of Georgia Residency.*

PRIOR COLLEGE HISTORY

Please list all colleges, and/or universities that you have attended after high school:

College Name	State	Dates Attended

Student Signature: _____ Date: _____

By signing the form, you agree that you have read and understand the requirement and if asked, you may need to verify the accuracy, and/or submit residency verification and official transcripts.

Office Use Only: Hours Attempted: __ GPA@ 30 ____ 60 ____ 90 ____	
Registrar Office: _____	Date Evaluated: _____
High School Transcripts Confirmed _____	HOPE Eligible Yes ___ No ___ Tier _____
College Transcripts Confirmed _____	Date email sent _____
Residency Confirmed _____	FAO Approved _____
SURFER Confirmed _____	
Registrar Prior Approval _____	