



HOPE Scholarship Evaluation Request

READ and COMPLETE this form before signing and submitting it to the Admissions Office. Allow two weeks for processing. You may have to pay your fees in the meantime. Attach a Change in Enrollment Form to change from diploma to degree. If you have a bachelor's degree or higher from another college YOU ARE NOT ELIGIBLE FOR THE HOPE SCHOLARSHIP!

Print Name: _____ Social Security Number: _____

Phone: (_____) _____ Include current quarter grades? YES NO

Which degree program do you wish to pursue? _____

List below EVERY college you have attended, in the order you attended them. The order is important! List Griffin Tech on the first line if you have only attended Griffin Tech. THE EVALUATION CANNOT PROCEED UNTIL ALL OF YOUR OFFICIAL TRANSCRIPTS FROM ALL COLLEGES HAVE BEEN RECEIVED! The Financial Aid Office will notify you if you qualify for the HOPE scholarship.

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

CHECK ALL THAT APPLY:

- [] I AM A HIGH SCHOOL HOPE SCHOLAR. I graduated from an eligible Georgia high school as a HOPE Scholar in 1993 or later.
[] I HAVE ATTENDED COLLEGE(S) ELSEWHERE. I am a new student and have attempted at least 45 quarter hours or 30 semester hours at a previous college(s), with grades that average 3.0 or better.
[] I HAVE ATTENDED ONLY GRIFFIN TECH. I have attempted at least 45 hours of the courses listed in my degree curriculum {not diploma}& have a 3.0.
[] I HAVE ATTENDED PREVIOUS COLLEGE(S) AND GRIFFIN TECH. I am combining all previous attempted college hours and degree Griffin Tech courses, together they average 3.0 GPA.

CHECK ONLY ONE:

- [] PROCESS my application for degree status even if I don't qualify for the HOPE scholarship. I understand that I will have to pay my tuition if I do not qualify.
[] DO NOT PROCESS my application for degree status if I don't qualify for the HOPE scholarship. I will stay in the diploma program taking diploma classes.

I have listed every college that I have ever attended.
I understand that if evidence of fraud is discovered, financial aid may be terminated and I will be held liable for reimbursing HOPE award money.
I further attest that I have read and understand the contents of this form.

Signature: _____ Date Signed: _____

(Form will not be processed without signature.)