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

____ I am HOPE eligible and have not attended a college or any other secondary institution. I graduated from high school on (graduation date: ____ __________)

Month/ year

____ I am a continuing student and have attended only South Georgia State College.

____ I am a continuing student and have attended elsewhere.

(Please list ALL institutions since high school, including public schools, private schools, technical schools, etc.) We will need a transcript from all institutions you attended regardless of whether you received HOPE there or actually received credit for the courses you enrolled in.

________________________________________

________________________________________

________________________________________

Residency Questions

In addition to grade point average requirements, students must also meet residency requirements to be eligible to receive funds from the HOPE Program. Please answer the following questions; failure to complete all questions will delay our evaluation of your eligibility.

In what state did you graduate high school? ________________ ________________

What was the name and location of the first Georgia post-secondary school you attended?

________________________________________

Has any other Georgia post-secondary school ever admitted you as a non-resident student? ~ No ~ Yes

If YES, school name & location:________________________________________

Have you lived in Georgia for 24 consecutive months immediately preceding your date of registration for purposes other than attending school? No Yes

How long have you resided in Georgia? ____________________________

If applicable, why did you move to Georgia?________________________________________

Have you ever received HOPE at another Georgia post-secondary school? No Yes

If YES, school name & location:________________________________________

Have you ever been denied HOPE by another Georgia post-secondary school? No Yes

If YES, school name & location:________________________________________

Reason for the denial:________________________________________

Student Signature ________________________________ Date ________________________

PLEASE BE SURE TO ATTACH A COPY OF YOUR FINAL TRANSCRIPT FROM EVERY POST-SECONDARY SCHOOL ATTENDED. FAILURE TO DO SO WILL DELAY THE EVALUATION OF YOUR REQUEST. THANK YOU.