

HOPE SCHOLARSHIP EVALUATION REQUEST



Name _____

Student ID# _____

High School Graduation Date _____

Have bachelor's degree? (check one) Yes No

Must complete the Establishing Georgia Residency Form and submit along with your Georgia Residency documents.

List all Post-Secondary Institutions attended after high school
(we will check a variety of websites to see if you attended other institutions, please list ALL):

Institution	Check Program Type Worked on There
	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor
	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor
	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor
	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor
	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor

Did you attend any of the Institutions listed above during High School as a dually enrolled student? Yes No

If yes, indicate which institution: _____

I, (Print Name) _____, certify that I have listed EVERY school I ever attended since graduating from high school and Life University has a copy of all these transcripts on file.

Student Signature _____ Date _____

Failure to disclose all schools attended or request all transcripts may result in the delay or denial of the scholarship.

Office Use Only • Intake and Processing – Please Initial and Date
 Rec'd by: _____ Date: _____