

# 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: \_\_\_\_\_