

HOPE SCHOLARSHIP EVALUATION REQUEST



Name _____

Student ID# _____

High School Graduation Date _____

Have bachelor's degree? (check one) No Yes Stop here if your response is YES, you will NOT be eligible for HOPE. Do not submit this form.

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

List below any 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. Evaluation will not begin until all official, final transcripts from each institution attended have been received, regardless of whether they were required for admissions or used for transfer of credit.

Office Use Only • Intake and Processing – Please Initial and Date

Rec'd by: _____ Date: _____