



HOPE ELIGIBILITY REVIEW FORM

NAME: _____ CSU ID# _____

Please submit this form for a re-evaluation of your HOPE eligibility if you have attempted at least 30 hours of study. **This form is not applicable to first-year students.**

The term/year you are seeking a HOPE Scholarship: Fall _____ Spring _____ Summer _____
Year Year Year

Please check and complete all responses below that apply to you:

___ I graduated ___ high school or ___ home school ___/___ (mo/yr)

___ I have attended other colleges:

_____ Last attended ___/___ (mo/yr)

_____ Last attended ___/___ (mo/yr)

___ I have been a legal resident of Georgia since ___/___ (mo/yr)

___ I am a ___ military personnel ___ dependent of a military personnel or ___ spouse of a military personnel who is stationed in Georgia on active duty or listing Georgia as the home of record. Please provide documentation of this statement. Ex. Copy of military orders showing active duty location or copy of LES showing state of record and bring to the Financial Aid Office (University Hall) military IDs of the military personnel, spouse, and dependent for review and confirmation.

___ I am a U.S. citizen.

___ I am an Eligible Non-Citizen. Alien Reg. No.: _____
Please attach a copy of your alien registration card, front and back.

HOPE Scholarship applicants must complete this form and a Free Application for Federal Student Aid (www.fafsa.ed.gov) for review of eligibility. This form should be turned into the Financial Aid Office of Columbus State University no later than 20 days before the end of the semester you are seeking HOPE eligibility. HOPE cannot be awarded after a semester has ended. Allow approximately two weeks for processing.

Student Signature

Date

For Office Use Only: _____ Attempted Hrs/Checkpoint _____ GPA

Eligible Non-Eligible HOPE Letter coded Counselor's Initials: _____ rev 04/2015