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 (https://fafsa.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 03/2019