



HOPE ELIGIBILITY REVIEW FORM

NAME: _____ CSU ID# _____

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 either a Free Application for Federal Student Aid (www.fafsa.ed.gov) or a GSFAPPS (www.gafutures.org) for review of HOPE 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
<input type="checkbox"/> Eligible	<input type="checkbox"/> Non-Eligible	<input type="checkbox"/> HOPE Letter coded
Counselor's Initials _____		