



HOPE/Zell Miller Scholarship Evaluation Request Form

Processing will not continue unless this form is completed, signed, and returned to the Office of Student Financial Aid. You can check your HOPE/ZELL calculation at <https://www.gafutures.org/hope-state-aid-programs/hope-zell-miller-scholarships/how-to-track-your-hope-academic-eligibility/>

| | | |
|---------------------|-------|----------------|
| _____ | _____ | _____ |
| Name (Please print) | SSN | GSW Student ID |
| _____ | _____ | _____ |
| Email | Phone | DOB |
| _____ | _____ | _____ |
| Student Signature | Date | |

Please list all post-secondary (technical schools, colleges, universities, etc.) that you have attended. Please include those attended during high school also.

| | |
|----------------------------|--------------------|
| Post-Secondary School Name | Last Date Attended |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

How long have you lived in Georgia for purposes other than attending school? _____

What year did you graduate high school or obtain your GED? _____

Have you ever served active duty in the United States Military? _____

Were you Zell Miller eligible when you graduated high school? _____ If so, which of the following criteria did you meet?

- _____ High School Valedictorian or Salutatorian
- _____ Minimum 3.70 GSFC calculated high school GPA + minimum 1200 Math & Reading single test administration SAT Score
- _____ Minimum 3.70 GSFC calculated high school GPA + minimum 26 Composite single test administration ACT Score

| OFFICE USE ONLY | | | |
|---|--------------------------|------------------------|-----------------------|
| Admit Type: _____ NF _____ Transfer | Semester: _____ | Resident: _____ | Non-Res: _____ |
| Eligibility: _____ HS30 _____ NEHS _____ Zell _____ NZHS | Expiration: _____ | | |
| HOPE Loss 1 _____ Loss 2 _____ | Zell Loss 1 _____ | Loss 2 _____ | |
| GSFC Hours: _____ Scholarship _____ Grant _____ Total Comments _____ | | | |