

HOPE

HELPING OUTSTANDING PUPILS EDUCATIONALLY

EVALUATION REQUEST

NAME: _____

SSN: _____ - _____ - _____

I would like to be considered for the following HOPE Scholarship Program option:

___ HOPE eligible from high school (graduation date: ____/____/____)

___ Continuing HOPE student and have attended only Atlanta Metropolitan College

___ Continuing HOPE student and have attended elsewhere (List Institution/s and date/s)

___ New HOPE student with a cumulative institutional grade point average (GPA) of 3.00 or more at the end of the indicated term (circle one)

Attempted quarter hours: 45 90 135

Attempted semester hours: 30 60 90

If any of these hours were taken other than at ABAC, list institution/s and date/s

___ Have earned a GED (provide original GED HOPE voucher)

I am either a native Georgian, or have graduated from an accredited Georgia High School, or have resided in Georgia for at least 12 months prior to entering a postsecondary institution

Signature: _____ Date: _____

STUDENT MUST APPLY FOR THE FEDERAL PELL GRANT PROGRAM EACH AWARD YEAR BY COMPLETING AND SUBMITTING THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)