Office of Financial Aid

1005 State University Drive * Fort Valley, GA 31030-4313

HOPE/Zell Miller Scholarship Evaluation Request Form

HOPE/Zell Miller Scholarship Review Checklist

DO NOT submit a HOPE/Zell Miller Evaluation Request unless you can answer YES to all of the following:

- Fort Valley State University (FVSU) Admissions Office has received all "official" final Academic Transcripts and the Registrar's Office has completed an evaluation of all "official" final Academic Transcripts.
- > I have been fully accepted into FVSU.
- ➤ I meet HOPE/Zell Miller's Georgia residency requirements.
- > My GPA is at least a 3.00 or higher from my high school transcript evaluation completed by the Georgia Student Financial Commission (GSFC) or at a college level of 30, 60 or 90 attempted credit-hour checkpoints.
- > I am enrolled as a degree-seeking student at FVSU as an undergraduate without having received a Bachelor's degree.
- ➤ I am a U.S. Citizen / Permanent Resident / U.S. National for at least **24 months**.
- ➤ I am in compliance with Selective Service registration requirements (males only).
- ➤ I am in compliance with the Georgia Drug-Free Postsecondary Education Act of 1990. NOTE: A student is ineligible if he/she has been convicted for committing certain felony offenses involving marijuana, controlled substances, or dangerous drugs.
- > I am not in default or owe a refund on any student financial aid programs.
- > I am maintaining Satisfactory Academic Progress (SAP) as defined by FVSU.
- ➤ I have not exceeded **127** attempted semester hours at any time or at any institution after high school graduation. Attempted hours include all earned classes, remedial classes, withdrawals, withdrawal failures, incompletes, failures, and repeated coursework.
- Please visit www.gafutures.org for more information on the HOPE/Zell Miller Scholarship Program.

1. Is this your first Undergraduate degree?	YES	NO
2. Are you considered a legal resident of Georgia?	YES	NO

If you answered "no" to any of the above questions, please stop here and disregard this form. You cannot be considered for the HOPE/Zell Miller Scholarship. If you answered "yes" to all of the above questions, please continue.

Complete the HOPE/Zell Miller Evaluation Request and submit it to the FVSU Office of Financial Aid.

- You must request academic transcripts from all institutions attended.
- Please note that all degree level work will be evaluated.
- Your transcripts must be evaluated before the Office of Financial Aid can evaluate your eligibility for the HOPE/Zell Miller Scholarship.
- If you were eligible for the HOPE Grant at a Technical School, this does not automatically qualify you for the HOPE Scholarship.

Please Note: The processing time is approximately 4 weeks. You will be notified of your eligibility via your FVSU student email. If you have not received notification after 4 weeks, please contact us at 478-825-6363.

Fort Valley State University is an affirmative action, equal opportunity institution and does not discriminate against applicants, students or employees on the basis of race, gender, ethnicity, national origin, sexual orientation, religion, age, disability or marital or veteran status.

HOPE/Zell Miller Scholarship Evaluation Request Form

Complete this form in its en	tirety, incomplete	e applications will not be r	eviewed.		
Name:			Date:		
Student ID:			SSN:		
FVSU email address:			DOB:		
Date you became a legal res	ident of Georgia:	/			
I would like to be considere	d for the followin	g HOPE/Zell Miller Scholar	ship Progran	n option:	
		ool, Graduation date:		- •	
Continuing student a	_				
Continuing student a	nd have attended	elsewhere (HOPE/Zell Mi	ller eligibility	cannot be ev	valuated without all prio
official transcripts). List all in	nstitutions since h	igh school, including FVSU,	public school	ols, private sch	nools, technical schools,
etcetera. If you have atten	ded more than 4	institutions, please attach a	an additional	sheet. Atta	ch an Unofficial Copy of
your Transcripts from all sch	ools attended for	HOPE evaluation purposes			
Your HOPE/Zell Miller Schol	archin aligibility y	uill be determined ance th	o arados ara	available for	the competer ofter you
have attempted 30, 60, or 9			-		_
la sala sala sa	D.	too Attourded	T.		:
Institution	Da	tes Attended		•	mitted to FVSU?
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			YE		
			YE		
LIODE /Zell Miller CDA is sale	ulated based on	the total amount of ottom			
HOPE/Zell Miller GPA is calc institutions attended. You n			-		
the 30, 60, or 90 attempted		_			
•					
I understand I may be requi	red to submit res	idency verification and off	icial college,	university or	technical college
transcripts.					
I certify that the information	•	• •			
that the Office of Financial	• •				•
herein I will have to return t	:ne HOPE/Zeii Miii	lier Scholarship funds to Fo	ort valley Sta	ite University	•
I have listed every institutio	n that I have ever	r attended. If the Office of	Financial Aid	l cancels my a	award at any time due to
ineligibility of the HOPE/Zel				-	-
Scholarship fund(s) to Fort \		• *			•
terms.	runcy state sinve	rioley. By olghing this form	iii, i aiiacista	ina ana agree	, to all of the above hate
Signature			Date		
Office of Financial Aid Use	Only				
Residency Confirmed:	YES/NO	If Dependent. Parent:	YES/NO		
Total Hours attempted		GPA at 30 60			
Hope/Zell Miller Eligible:	YES/NO	Hope Tier:			
Date evaluated:	-	nature:	Date ei	mail sent:	