



Georgia HOPE Scholarship Application

Please provide the information requested below, completely answering all questions posed. Incomplete applications WILL NOT be reviewed. Remember: Application deadline is May 1, 2005 for the 2004-05 Academic award year.

First Name:	<input type="text" value="Jane"/>	Last Name:	<input type="text" value="Doe"/>
Street Address:	<input type="text" value="555 Marietta St."/>	Social Security #:	<input type="text" value="00001234"/>
City:	<input type="text" value="Atlanta"/>	Phone:	<input type="text" value="4042923402"/>
State:	<input type="text" value="GA"/>	Alternate Phone:	<input type="text"/>
Zip:	<input type="text" value="30303"/>	E-mail:	<input type="text" value="JDoe@yahoo.com"/>

****Per Federal Citizenship and state of Georgia Residency Requirements for Student Financial Aid****

You must be a legal resident of Georgia for 12 months prior to the registration date of the term for which the scholarship is being sought at any Georgia Postsecondary institution to seek a degree and continue to meet the residency requirement.

I hereby apply for the Georgia HOPE scholarship effective the Term.

What is your current enrollment status?

Have you ever received the Georgia HOPE Scholarship?

Are you a Georgia resident?

When did you move to Georgia? MMYYYY format

Are you a U.S. Citizen? (If NO, you must provide your permanent resident card to Student Finance)

List all two and four year colleges attended (Georgia, USA, and International), including dates of attendance:

Name of College #1:	<input type="text" value="UGA"/>	From:	<input type="text" value="091999"/> (MMYYYY)
		To:	<input type="text" value="032001"/> (MMYYYY)
Name of College #2:	<input type="text" value="Clayton State"/>	From:	<input type="text" value="092001"/> (MMYYYY)
		To:	<input type="text" value="062003"/> (MMYYYY)

