**Point University**

# HOPE Scholarship Evaluation Request

Name (please print): _____  Student ID: _____

Phone Number: _____  Email Address: _____

Term HOPE is applied for: _____

List all colleges previously attended (if applicable)

_____
_____
_____
_____

Signature: _____  Date: _____

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### For Office Use Only

Date Form Received: _____

Initials of FA Rep: _____

Date HOPE Evaluation Completed: _____

Is student HOPE Scholarship eligible?

☐ YES  ☐ NO

Based on the following criteria, the student is not eligible due to:

☐ Student does not have a 3.0 HOPE GPA

☐ Student does not meet Georgia residency requirements

☐ Student does not meet the checkpoint of 30, 60, or 90 credit hours

Date Student Was Notified: _____

How was the student notified? _____

Initials of FA Rep: _____

FILE