

Office of Financial Aid 2000 Clayton State Blvd. Edgewater Hall #102 Morrow, GA 30260 678-466-4185 (office) 678-466-4189 (fax)

HOPE/Zell Miller Scholarship Request Form

Student:		Laker ID:			
	Please complete all sections below	v and return to tl	ne Clayton	State University Office of Financial Aid.	
1.	Select one Semester and include the year	ear:			
		Spring			
2.	Select ONLY one of the following:				
	Freshman Student Expect to Gain/Regain HOPE Grade Change			r Student after Break in Enrollment	
3.		School Graduate Home School		nool Completion Date or GED Reception Da	ite:
	Month	Year			
	* If more than 7 years have passed, you may not be eligible to receive HOPE funds. *				
4.	List ALL Post-secondary institutions previously attended since high school. Requests will not begin until all academic transcripts for each institution attended have been submitted, regardless of whether they were required for Admissions of used for transfer of credit.				
	* NOTE: Failure to provide complete and accurate information may result in the delay of your request. It may also result in cancellation and/or repayment of HOPE funds. *				
	Name of Institution/College/U	Jniversity		Dates Attended (ex: 2015-2016)	
I agree	e and understand that all of the follow	•	leted for n	ny HOPE request:	
	I have been officially accepted to Clayton I have completed a FAFSA at www.fafsa . I have not exceeded 127 attempted or paid	gov or a GSFAPPs hours TOTAL, of any type of financia	application HOPE, from l aid funds.	on www.gafutures.org. n ALL institutions ever attended. (ex: HOPE Scholarship, HOPE Grant, Pell Grant	t,
Student	t Signature			Date	

OFFICE USE

Expiration Date