



2022-2023

HOPE/Zell Miller Evaluation Request Form

Name: \_\_\_\_\_ MGA ID:983 \_\_\_\_\_

Any previous names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

HOPE/Zell Miller Evaluation Request (check one)

- I am at one of the checkpoints (30, 60, 90 hrs.)
I am a Transfer Student
Hope/Zell Grant- I am currently enrolled in a certificate program of study.
I am eligible for Zell Miller Scholarship (please review www.gafutures.org for eligibility requirements)
Other \_\_\_\_\_

If you are a transfer student, please list all postsecondary schools (incl. tech schools) attended

Failure to list all schools attended or providing incorrect information could result in processing delays and/or cancellation/repayment of HOPE funds.

\_\_\_\_\_ from (term/year) \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from (term/year) \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from (term/year) \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from (term/year) \_\_\_\_\_ to \_\_\_\_\_

IMPORTANT-In addition to submitting this form, you must file a GSFAPPS or FAFSA on or before the last day of the school term or your withdrawal date, whichever occurs first, in order to be paid for that term.

Student Signature

Date

Please return this completed form to one of our Financial Aid Offices in Macon, Cochran, Dublin, Eastman, and Warner Robins, Georgia, email to financialaid@mga.edu OR fax to (478) 471-2790 (Macon), 478-934-3019 (Cochran, Dublin, Eastman), or 478-929-6787 (Warner Robins). If you have questions, please contact us at 478-387-0580 or visit our website at www.mga.edu/financial-aid/index.php.