



Middle Georgia College
Office of Financial Aid
Grace Hall, Room 201

<p>Return Form: Fax: (478) 934-3448 finaid@mgc.edu or 1100 Second Street Cochran, GA 31014</p>

HOPE Scholarship Evaluation Form 2012 – 2013

Student Name: _____ MGC ID: 927-____ -____
Last First M.I.

Address: _____
Street City State Zip

MGC Email: _____@mgc.edu Phone #: (____) ____ - ____

One of the following applications must be on file with MGC to receive HOPE funds. Please check one:
 FAFSA GSFApps

HOPE Evaluation is requested (Check One):

- Returning to MGC after at least one semester
- Expect to gain/regain HOPE
- Transfer student expecting to gain HOPE*
- Transfer student, had HOPE at prior school*

*If you are a transfer student, please list all schools (including technical colleges) attended on the lines below. Failure to list all institutions attended, or failure to provide incorrect information could result in processing delays and/or cancellation/repayment of HOPE funds.

_____, dates attended: _____ to _____
 _____, dates attended: _____ to _____
 _____, dates attended: _____ to _____
 _____, dates attended: _____ to _____

Student Signature **Date Signed**

For Office Use ONLY	
<p>MGC attempted hours: _____ Transfer attempted hours: _____ Total attempted hours: _____</p>	<p>HOPE GPA: _____</p>
<p>HOPE will not be awarded to this student because: _____</p>	
<p>Evaluator's initial: _____</p>	<p>Date: _____</p>