



Middle Georgia College
Office of Financial Aid

For Office Use Only	
Reviewed By:	_____
Date Reviewed:	___ / ___ / 20___
Application Complete:	Y N

TRANSIENT HOPE SCHOLARSHIP AGREEMENT

***Instructions:** Please circle the appropriate terms and fill in the appropriate year. Fill in lines at bottom and return to the Office of Financial Aid in Grace Hall.

The Office of Financial Aid will electronically send a HOPE Scholarship Eligibility Certificate for Transient Study to the institution you plan to attend **Summer/Fall/Spring Term 20__**. This certificate will authorize the transient institution to award a HOPE Scholarship to you for **Summer/Fall/Spring Term 20__**.

When the term ends, it will be **your responsibility to request an academic transcript** from the Registrar’s Office at the transient institution. It should be sent to the Registrar’s Office, Middle Georgia College, Grace Hall, Cochran, Georgia 31014. The hours you attempt at the transient institution will be used to determine your continued eligibility for the HOPE Scholarship at Middle Georgia College.

Please indicate the semester you plan to return to Middle Georgia College: **Summer/Fall/Spring Semester 20__**. If you have been awarded the HOPE Scholarship to attend Middle Georgia College for that semester, it will be disbursed even if the academic transcript has not arrived from the transient institution. However, the HOPE Scholarship for the above listed semester and subsequent terms will be canceled if the academic transcript has not arrived by **midterm of the semester you return to MGC**.

The hours you attempt for term you are transient may bring you to a benchmark; if you do not have a HOPE Scholarship overall attempted hour GPA of 3.0 or better, you will be required to repay any HOPE Scholarship funds disbursed for following semester in the event that you were awarded it.

Please contact the Office of Financial Aid if you have any additional questions. Best wishes for a successful term.

My signature below confirms that I have read and received a copy of this form.

Student’s Name

Date

Social Security Number/Student ID

Transient School