

Southeastern Technical College

Evaluation for HOPE Scholarship

Website: www.southeasterntech.edu

Swainsboro

346 Kite Rd
Swainsboro, Georgia 30401
Phone: (478) 289-2200
Fax: (478) 289-2263

Vidalia

3001 East First Street
Vidalia, Georgia 30474
Phone: (912) 538-3100
Fax: (912) 538-3156

Name _____ Social Security Number _____

Address _____

Telephone Number(s) _____

What is your state of legal residence? _____ Date you became legal resident _____ / _____
Month / Year

Did you graduate from high school? _____ If so, what year? _____

Have you previously attended another college or institute? _____ Did you earn a Bachelor's degree? _____

List the name(s) of all postsecondary institutions that you have attended since high school. Students must request academic transcripts from each institution and submit the transcript to Southeastern Technical College. *Your HOPE eligibility cannot be evaluated without all prior academic transcript history.* Please note that **all degree level work will be evaluated.**

Name of Institution	Dates Attended	Is Transcript in Admission File?

Are you currently enrolled in a Degree program? Yes No

If yes, please list the program and specialization _____

If no, what degree and/or specialization do you want to be evaluated for? _____

Your Hope Scholarship eligibility will be determined once the grades are available for the semester after you have attempted 30, 60, or 90 semester credit hours. Attempted hours include all courses in which a grade was received and courses in which a W or SC was earned. All college work at previous Institutions will be considered in calculating your cumulative GPA. You must have a **3.0 GPA or better** to be eligible for the HOPE Scholarship at the end of the 30, 60, or 90 attempted semester credit hours. Once your eligibility is evaluated, you will be notified by mail of the results. Students must be evaluated before financial aid can be approved for the HOPE Scholarship. Students who need to register may pay cash until your HOPE Scholarship is evaluated. If approved, you will be reimbursed.

Student's Signature _____ Date _____

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Number of hours attempted _____ Cumulative GPA at 30 _____ 60 _____ 90 _____ hours

Number of hours transferred into the degree program _____ Quality Points _____ GPA Hours _____

Registrar's Office Signature _____ Date _____ Overall GPA _____