



**Georgia Student Finance Commission (GSFC)
HOPE Scholarship Program
Request for an Exception Application**

EXCEPTIONS

In exceptional cases, the GSFC Board of Commissioners (Board) may waive a specific regulation of the HOPE Scholarship Program for a student who meets specific criteria. The Board has sole discretion to grant an exception based on the circumstances documented by a student who is requesting an exception. No student has a right to a HOPE award under any of these circumstances. Rather, the Board reviews the circumstances to determine if a student should receive HOPE payment despite not having fulfilled the regulatory requirements for receiving the award. The guidelines for considering exceptions can be found in the HOPE Program Regulations online at www.gsfc.org.

Exceptions may be granted for extenuating circumstances such as Serious Injury, Serious Illness, Psychiatric Disorder requiring pharmacological treatment, the death of an Immediate Family Member, providing temporary care for an Immediate Family Member, or reaching a HOPE Scholarship Checkpoint without achieving a GPA. **In no case shall a student's grades be forgiven or altered by the GSFC Board of Commissioners as part of this exception process.**

The Board's decision to approve or deny an exception request is final and cannot be appealed. In order for an exception to be considered, the student must complete a request for an exception to the Commission office within 45 days of receiving notice of denial of his/her HOPE award. All required documentation (See Attachment A) must be provided at the time of submission. Incomplete requests may not be considered by the Board and may result in an automatic denial.

The Board will review exception requests at its regularly scheduled quarterly meetings. **Each individual HOPE Scholarship recipient is limited to one Exception, as granted by the Board of Commissioners, and such Exception shall only apply to one school term.** The student will be notified, by mail, of the Board's determination within seven (7) working days of the meeting.

The *Request for an Exception Application*, student's letter of request and all documentation should be forwarded to:

**Georgia Student Finance Commission
Program Administration
2082 East Exchange Place
Tucker, GA 30084
Attn: HOPE EXCEPTIONS**



HOPE Program Request for an Exception Application

Student's Name: _____
Please print Last Name First Name MI

Address: _____

City, State, Zip: _____

Email: _____ Phone #: _____

Name of Institution Currently Attending: _____

Name of Institution Attended during term for which you are requesting an Exception: _____

School Term for which you are requesting an Exception: _____

Check conditions which best describe your situation. **Please sign below, have this document notarized, submit a personal letter of explanation outlining all dates, and ATTACH ALL REQUIRED DOCUMENTATION.**

Type of Request (Check all that apply):

- _____ 0.00 grade point average (GPA) at a HOPE Scholarship Checkpoint
- _____ Less than 3.0 GPA at a HOPE Scholarship Checkpoint due to withdrawal from courses because of extenuating circumstances
- _____ Exceeded HOPE Attempted-Hours or Paid-Hours Limit due to withdrawal from courses because of extenuating circumstances

Extenuating Circumstance Requiring Withdrawal from course(s):

- _____ Withdrawal from course(s) during a term due to serious illness or injury
- _____ Withdrawal from course(s) during a term due to being treated for a psychiatric disorder for which I was prescribed medication
- _____ Withdrawal from course(s) during a term due to the death of an immediate family member
- _____ Withdrawal from courses during a term to care for an immediate family member

GSFC will review your information, present it to the Board and notify you and your current institution of the decision via written correspondence.

I certify that the information reported above, and on any other document or writing in connection with this application for consideration of an exception to the regulations of the HOPE Scholarship and Grant Programs is or will be true, correct and complete to the best of my knowledge. I also certify that the underlying cause for or basis of this request for an exception is not attributed to any criminal act committed by me that resulted in either a conviction or a plea of guilty or nolo contendere by me. I authorize use of the information on this form by the Georgia Student Finance Commission in the determination of my eligibility for an exception to the HOPE Scholarship and Grant Programs regulations. I hereby authorize release and exchange of information between the Georgia Student Finance Commission and educational institutions, state and federal agencies, and private lending institutions from which student financial assistance is sought or obtained by me, and agree that such information exchanged may include financial, enrollment, academic status and legal residency information necessary to assure proper administration of student aid programs by state, federal and institutional program administrators.

Student's Signature Subscribed and sworn to me this _____ day of _____, _____

Print Name Notary Public _____ (SEAL)

Student's Social Security Number Notary Commission expires _____, _____

Date

**HOPE Program
Request for an Exception Application
Required Documentation
(Attachment A)**

The *Request for an Exception Application* must be accompanied by the student's letter giving a full explanation of the circumstances for which the student is requesting an Exception of the HOPE Regulations for review by the Georgia Student Finance Commission (GSFC) Board of Commissioners. Any documentation to support the request must be submitted with the letter and application. The applicant must designate which school term is to be reviewed for the Exception.

The following is the minimum documentation that must be submitted for an application to be considered:

Exception based on Withdrawal due to Serious Illness, Serious Injury or Psychiatric Disorder requiring pharmacological treatment

- Official Transcripts from ALL postsecondary institutions the student has attended*
- Institutional statement, if required for partial withdrawal **
- Documentation from physician(s) and/or psychologist(s), providing the following information:
 - diagnosis;
 - date(s) of diagnosis;
 - date(s) and types of treatment including medications prescribed; and
 - date of dismissal or prognosis if the student remains under the physician's care for this diagnosis.

Exception based on Withdrawal due to death of an Immediate Family Member (Parent, spouse, child or sibling)

- Official Transcripts from ALL postsecondary institutions the student has attended*
- Copy of death certificate

Exception based on Withdrawal to provide temporary care to an Immediate Family Member (Parent, spouse, child or sibling)

- Official Transcripts from ALL postsecondary institutions the student has attended*
- Documented official statement of student's sole provider of care to an immediate family member

** Official transcripts must be updated designating each course from which the student Withdrew and/or has received an Incomplete.*

*** If the institution required the student to withdraw from some but not all courses, the student must also submit a written statement from an institutional official stating the circumstances of the partial withdrawal.*