

# Point University

## OUT OF STATE SCHOLARSHIP APPLICATION

Student name: \_\_\_\_\_

Student Social Security number: \_\_\_\_\_ Student date of birth: \_\_\_\_\_

Home state: \_\_\_\_\_ High school name: \_\_\_\_\_

High school GPA: \_\_\_\_\_

Have you attended college before?  Yes  No

If yes, were the hours attempted part of a Dual Credit Enrollment program?  Yes  No

If yes, how many? \_\_\_\_\_ Hours

Please sign below if you understand and agree to the following statements regarding the Out of State Scholarship:

- The above scholarship is valued at \$3,500 per year for full time enrollment.
- I must maintain a 3.0 GPA.
- My GPA will be checked at the end of each spring semester.
- I will no longer be eligible to receive the scholarship if I choose to cease enrollment for a term, even if I plan to come back the following term, unless I am participating in a study abroad program or am taking classes as a transient student at another college or university.
- The amount of the scholarship may be reduced for less than full time enrollment, or less than 12 semester hours.
- The scholarship will expire after *four years* of undergraduate study, regardless of degree completion.
- I cannot regain eligibility for the scholarship if I lose it because I did not maintain the specified GPA.
- If I choose to join an athletic team, I will lose eligibility for this scholarship and will not be eligible to regain the scholarship.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_