



**FIRST GENERATION STUDENT SCHOLARSHIP APPLICATION**

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

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

High school/College name: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Highest ACT (Cumulative) or SAT (Reading/Math) achieved: \_\_\_\_\_

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 completed? \_\_\_\_\_

Please sign below if you understand and agree to the following statements regarding the First Generation Student Scholarship:

- The above scholarship is valued at \$1,000 per year for full time enrollment.
- I must be an incoming first-year student.
- I must be the first in my immediate family to attend college. This may be verified through my submitted FAFSA.
- I must maintain a cumulative GPA at Point University of 2.0. My GPA will be checked at the end of each spring semester.
- The amount of the scholarship may be reduced for less than full time enrollment, or less than 12 semester hours.
- 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 or marching band, I will lose eligibility for this scholarship and will not be eligible to regain the scholarship.

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

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

**Please submit application and any supporting documentation by email to your Admission Counselor or the Admission Office at Point University at [admissiondocuments@point.edu](mailto:admissiondocuments@point.edu).**