

OUT OF STATE SCHOLAR SKYHAWK 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 befo	re?YesNo
If yes, were the hours attempted	d part of a dual credit enrollment program?YesNo
If yes, how many hours complet	ed?
Please sign below if you underst Scholar Skyhawk:	and and agree to the following statements regarding the Out of State
 I must be an incoming fi I possess a current high I possess a combined SA ACT cumulative score of I must maintain a cumul of each spring semester The amount of the scho semester hours. The scholarship will exp completion. I cannot regain eligibility GPA. I will be participating in 	school cumulative GPA of 3.5 or higher. AT score of 1200 (Evidence-Based Reading and Writing, and Math) or an f 25. lative GPA at Point University of 3.0. My GPA will be checked at the end f. larship may be reduced for less than full time enrollment, or less than 12 ire after four years of undergraduate study, regardless of degree by for the scholarship if I lose it because I did not maintain the specified an athletic or marching band program at Point University.
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*.