

POINT DUAL ENROLLMENT TO UNIVERSITY COLLEGE SCHOLARSHIP APPLICATION

Student name:	
Student number:	Student date of birth:
High school name:	
Current high school GPA:	Date of Graduation:
Current Point GPA: Credite	s completed:
Anticipated term to start full time at Point University – University College:	
Please explain why you would like to co scholarship would help you obtain you	ontinue your education at Point University and how this r goals.
Please sign below if you understand an University Dual Enrollment to Universit	d agree to the following statements regarding the Point cy College Scholarship:
 I must be accepted and enrolle the College of Graduate and Prescholarship. I must maintain a cumulative Gof each spring semester. The amount of the scholarship 	d at \$500 per year for full time enrollment. Id in Point University's University College program. Enrollment in Inforcessional Studies program will make me ineligible for ISPA at Point University of 2.0. My GPA will be checked at the end Is may be reduced for less than full time enrollment, or less than 12
semester hours.I cannot regain eligibility for th GPA.	e scholarship if I lose it because I did not maintain the specified
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*.