



TRANSFER SCHOLARSHIP APPLICATION

Student name: _____

Student number: _____ Student date of birth: _____

College name: _____

Current GPA: _____ Hours attempted: _____ Hours completed: _____

Please sign below if you understand and agree to the following statements regarding the Transfer Scholarship:

- The above scholarship is valued at \$500 per year for full time enrollment.
- I must be an incoming transfer student.
- I possess a current college cumulative GPA of 2.5 or higher.
- I must maintain a cumulative GPA at Point University of 2.5. 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.
- 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 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*.