



FIRST GENERATION STUDENT SCHOLARSHIP APPLICATION

Student name: _____

Student number: _____ Student date of birth: _____

High school/College name: _____

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 \$500 per year for full time enrollment.
- I must be an incoming first-year, residential 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 or switch to an online program, 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*.