



POINT LEGACY APPLICATION

Student name: _____

Student number: _____ Student date of birth: _____

High school/College name: _____

Current GPA: _____

Name of parent/guardian that graduated from Point University: _____

Year of graduation from Point University for parent/guardian: _____

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

- The above scholarship is valued at \$250 per year for full time enrollment.
- I am the dependent of a graduate of Point University.
- 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*.