



Institutional Scholarship Application
Legacy Scholarship

Name: _____
Social Security #: _____ (last 4 digits)
Date: _____
Recipient #: _____ N/A
Receipt #: _____

Required Criteria:

_____ Name of Graduate
_____ Nature of Relationship
_____ Graduate is in good standing Verified by: _____
_____ Supporting documentation attached: Letter from graduate

Award: _____ Effective date: _____
\$500 per semester / \$2000 maximum

Agreement:

I understand that scholarships are dispersed upon completion and calculated into the final academic year budget. Scholarship funds will be applied to tuition and will not be distributed directly to the student. Students are evaluated every semester to ensure that they continue to maintain a minimum GPA of 2.5 (C+) and meet the published attendance policy. A student that is put on probation for any reason will loose any scholarship not already dispersed.

_____ Applicant Signature _____ Date



<i>FOR OFFICE USE ONLY</i>	
_____	Admissions: Reviewed application for completeness
_____	Financial Aid: Applied to financial plan
_____	Registrar: Reviewed grades
_____	Business Office: Set memos to account
Director _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED