



Institutional Scholarship Application
Fountainhead
Make the Grade Scholarship

Name: _____
 Social Security #: _____ (last 4 digits)
 Date: _____
 Recipient #: _____ of 5
 Receipt #: _____
 Semester: _____

Criteria:

_____ Enrolled in degree program _____ Program Code
 _____ Final high school GPA
 _____ Official copy of transcript attached

GPA	Award per semester	Award
3.80 to 4.0	\$250.00	\$1,000.00
3.0 to 3.49	\$125.00	\$500.00
2.5 to 2.9	\$50.00	\$200.00

Award: _____ **Effective date:** _____

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 lose any scholarship not already dispersed.



_____ **Applicant Signature** _____ **Date** _____

FOUNTAINHEAD
College of Technology

FOR OFFICE USE ONLY	
_____	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