



Institutional Scholarship Application
Fountainhead Attendance Scholarship

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

Criteria:

_____ Enrolled in second degree program _____ Program Code
 _____ Official copy of attendance sheets from completed program attached

Award: _____ Effective date: _____
 \$1000 per semester / \$4000 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 lose 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	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">APPROVED</div> <div style="border: 1px solid black; padding: 2px 10px;">DECLINED</div> </div>