2014-2015
ACADEMIC SCHOLARSHIP AGREEMENT

To accept this Scholarship, Parent and Student must sign and return this form to:

Salve Regina University
Financial Aid Office
100 Ochre Point Avenue
Newport, RI 02840
Fax: 401-341-2928
Email: financial_aid@salve.edu

I understand that the following conditions apply:

a) I must maintain a **full-time, day, undergraduate** student status
(minimum of 12 semester credit hours);

b) I must maintain at least a **3.0 cumulative** grade point average;

c) This scholarship is **renewable** for four **consecutive**, undergraduate years;

d) This scholarship replaces any and all previously awarded Salve Regina University funds based on your academic achievement;

e) If I qualify for additional financial aid, the total amount of my award may not exceed my demonstrated financial need as defined by Federal Regulations;

f) If I receive Salve Regina University Tuition Reimbursement or Tuition Exchange, I may not qualify for this scholarship;

g) My **enrollment deposit** and, if applicable, my **housing deposit** must be received by May 1, 2014;

Student Name: _________________________________________ ID#: _______________________
(please print)
Student Signature: ________________________________________ Date: ______________________

Parent Name: ___________________________________________
(please print)
Parent Signature: _________________________________________ Date: ______________________

Academic Scholarship Agreement

Yellow-Student Copy- Please keep for your records