



**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