

## Davenport Postgraduate Scholarship Application

### **Applicant Information**

Full Name:

Student ID:

Mailing Address:

Email Address:

Phone Number:

### **Academic Information (NC State or UNC System)**

University:

Program of Study:

Anticipated Start Term:

Anticipated Graduation Date:

Current/Most Recent GPA (add if applicable):

### **College of The Albemarle (COA) Academic Background**

COA Program of Study:

COA Graduation Date:

Current/Most Recent GPA:

### **Eligibility Certification**

(Initial each item)

I understand that scholarship funds are subject to the terms and conditions outlined in the MOU.

I agree to maintain satisfactory academic progress as defined by Davenport University and the MOU.



I understand that failure to meet eligibility or academic requirements may result in loss of funding.

**Financial Information**

Estimated Cost per Term:

Other Financial Aid Received or Pending:

**Acknowledgments**

Authorization to release academic and enrollment information. Understanding that awards are contingent upon funding and MOU compliance.

**Applicant Certification**

Applicant Signature:

Date:

**Institutional Use Only**

Eligibility Verified By:

Award Amount Approved:

Term(s) Covered:

Authorized Signature:

Date: