



2018-19 Academic Year Transfer Champion Scholarship Application

Minimum Eligibility Requirements: 24 ACT, 3.0 cumulative GPA and continuous full-time enrollment (minimum 12 credit hours per semester) at your current post-secondary institution/college. A final transcript will be required including enrollment just prior to planned DSU term attendance.

Name _____
(Print) Last First Middle Initial

Home Address _____
Street City State Zip

County _____ Phone _____ SSN of DSU Student ID _____

High School _____ High School Graduation Date _____ ACT Score _____

Previous Post Secondary Institution/College _____ GPA _____

Intended DSU Major _____

Intended DSU Activities _____

For Press Release, Please Provide Hometown Newspaper Name and Address _____

The following information is optional. This information is used in compliance with Title VI of the Civil Rights Act of 1964. Your responses will in no way affect your application.

Required for Civil Rights/Affirmative Action reporting purposes (check all that apply): Gender: Female Male
Ethnic Group/Race: White African American Asian Native American Hispanic
 Other _____

With my signature below, I hereby authorize officials to release personal, educational, and financial application aid results that will assist the Scholarship Office in the awarding process in conjunction with my scholarship application. I understand that DSU awards most scholarships based on the expectation that a student will progress toward their degree on a continuous, full-time enrollment basis (excluding summer terms). Specifically, the Transfer Champion Scholarship requires enrollment in a **minimum of 12 DSU credit hours each academic term** and also requires a minimum cumulative grade point average of 3.0. If these qualifications are met, students may continue to be awarded the Transfer Champion Scholarship through their eighth semester of total enrollment both at DSU and their previous post secondary school/college. Statements supporting scholarship application will be maintained in accordance with the Family Educational Rights and Privacy Act and Gramm-Leach-Bliley Act.

Date _____

Signature of Applicant _____

Return this application to:

DSU Financial Aid
Scholarship Office
820 N Washington Ave
Madison, SD 57042-1799
Email: jill.corbin@dsu.edu