



# TRANSFER DSU RISING SCHOLARSHIP APPLICATION

Dakota State University | 2022-2023 Academic Year

Minimum Eligibility Requirements: .30 ACT, 3.25 cumulative GPA and continuous full-time enrollment and completion of a 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 Clearly*                      *Last*                      *First*                      *Middle Initial*

Home Address \_\_\_\_\_  
*Street*                      *City*                      *State*                      *Zip*

County \_\_\_\_\_ Phone DSU \_\_\_\_\_ Student ID \_\_\_\_\_

High School \_\_\_\_\_ High School Graduation Date \_\_\_\_\_ ACT Score \_\_\_\_\_

Previous Post Secondary Institution/College \_\_\_\_\_ GPA \_\_\_\_\_

Intended Beacom College Major \_\_\_\_\_

Intended DSU Activities \_\_\_\_\_

For press release, please provide hometown newspaper and address

\_\_\_\_\_  
*Newspaper Name*                      *Street*                      *City*                      *State*                      *Zip*

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 Rising Scholarship requires enrollment and completion of a **minimum 30 DSU credit per academic year** and also requires a minimum cumulative grade point average of 3.25. If these qualifications are met, students may continue to be awarded the Transfer Rising 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](mailto:jill.corbin@dsu.edu)