

Family Award Application Academic Year 2024-2025

The form is required by August 19 for Fall & Spring recipients: and January 6 for Spring only recipients.

This award is for undergraduate students from the same immediate family (including parents, siblings, and spouses) where both are enrolled full-time, during the same semester(s). Students must be enrolled in at least 12 hours, each semester, at the one designated campus where they receive the award. This document should be used as an application for both students. This scholarship does not apply to Summer coursework. Review the Undergraduate Catalog for additional information and limitations.

Student Athletes Please Note: The Family Award cannot be stacked with your Athletic Award. However, your qualifying family member may still receive their portion of the discount.

| 1. | Student Name (Print) | Student ID # |
|-----|---|--|
| | Student Signature | Date |
| att | end): | ome campus you attend (please indicate the campus you All other campuses, including online (\$225/sem., \$450/year) |
| 2. | Student Name (Print) | Student ID # |
| | Student Signature | Date |
| att | end): | ome campus you attend (please indicate the campus you All other campuses, including online (\$225/sem., \$450/year) |
| Но | w are the two students related? | i.e. siblings, parent-child, etc.) |
| or | order to verify your immediate r close relative. me of Legal Guardian or Relative | elation status, we require the signature of a legal guardian |
| Sig | nature of Legal Guardian or Relat | ive |
| Re | lationship to Students Listed Abo | |