



## **Memorandum of Understanding** **Academic Merit Scholarship**

*The following information outlines the eligibility requirements and conditions for South University's Academic Merit Scholarship. The purpose of the scholarships to reward students for academic excellence and help lower the cost of enrollment. The amount of the scholarship is equal to \$50 per credit hour. The following is for the Campus based students that began enrollment on or after the 5/13/21 term. All requirements are student-driven, and are not subject to a committee.*

### **Eligibility Requirements:**

1. This scholarship is effective for eligible students currently being charged the new tuition rates that commenced on 5/13/21.
2. Must meet the required South University admission criteria for a graduate program as outlined in the South University Academic Catalog and be accepted for admission into the graduate program of choice.
3. **Scholarship amount is equal \$50 per credit hour taken** (e.g., for a 4-credit hour course the scholarship amount is \$200).
4. **Programs Eligible:** All graduate programs including certificate programs; excluding Master of Science in Physician Assistant, Master of Medical Science in Anesthesia Science, and the Doctor of Pharmacy programs.
5. **Eligibility:** New students are eligible who are fully accepted into their program. Those that are provisionally accepted will **not** be eligible to receive the Scholarship for their first 2 quarters of enrollment. Please refer to the South University Academic Catalog for information regarding full/provisional acceptance.
6. To continue receiving the Academic Merit Scholarship, students must establish and maintain a South University cumulative GPA of 3.50 or higher. The initial cumulative South University GPA calculation is established after 2 quarters in the program.
7. Student must have the signed Memorandum of Understanding on file prior to receiving the first disbursement.

### **Additional Conditions:**

1. This merit based Scholarship **can** be combined with other university institutional grants and scholarships.
2. **Cannot** be combined with the tiered tuition discount program.
3. This Scholarship is used for tuition and fees only and may not result in a stipend to the student.

### **General Conditions:**

1. South University reserves the right to cancel, suspend and/or modify this scholarship or any part of it. South University will provide a 30-day notice to all students if changes are made to this scholarship's eligibility requirements or monetary value.
2. Sponsor, in its sole discretion, reserves the right to disqualify any eligible student who is in violation of student responsibilities as outlined in the South University Academic Catalog and Student Handbook.
3. Must not be employees or family members of employees of South University participating in the South University Tuition Voucher Program.
4. Quarter is defined as the student's parent term (i.e. 10-week term).

### **Limited Liability:**

1. South University is not responsible for: by the student, printing typographical or other errors or by any of the equipment or programming associated with or utilized in this Scholarship.
  - a. Printing, typographical, technical, computer, network or human error which may occur in the administration of this Scholarship, the uploading, the processing or the announcement of this Scholarship or in any Scholarship-related materials.
2. Disputes: Except where prohibited, eligible students agree that all disputes, claims and causes of action arising out of or connected with this Scholarship program shall be resolved individually, through the Student Affairs Department at South University.



## Memorandum of Understanding

### Student Acknowledgement

**By signing this Memorandum of Understanding, I agree that:**

1. I have chosen to accept the Academic Merit Scholarship.
2. If I fail to meet any of the eligibility requirements, this Scholarship will be revoked and I will be billed in full for courses taken.
3. I have read and agreed to the above terms and conditions of this Scholarship and I understand the nature of the Scholarship and the extent of my obligations.

Student Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_

If signatory/student is under the age of 18, the Parent or Legal Guardian must also sign below. By signing below said Parent or Legal Guardian represents that he/she has the legal right to and does consent to the terms and conditions of this Scholarship. Said Parent or Legal Guardian further certifies to the best of his/her ability; the information contained in this application is accurate.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address (If different from student's) \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening: \_\_\_\_\_

- By checking this box, I consent to representatives of South University contacting me about **EDUCATIONAL OPPORTUNITIES** via email, text or phone, including my mobile phone if provided above, and using an automatic dialer. I understand that my consent is not a requirement for any purchase. Message and data rates may apply. I understand that I may withdraw my consent at any time.

Programs, credential levels, technology, and scheduling options vary by school and are subject to change. Not all programs are available to residents of all U.S. states. Administrative Office: South University, Savannah, 709 Mall Blvd, Savannah, GA 31406. © 2021. South University. All rights reserved.