SCHOLARSHIP AWARD ACCEPTANCE FORM

| Name | |
|--|---|
| Social Security Number | |
| Award: Academic Achievement Scholarship* | |
| * partial tuition scholarship (see letter) for No consecutive semesters (fall and spring) provide | otre Dame of Maryland University awarded annually for eighding the student: |
| earns a minimum of 12 graded credi maintains a 2.75 cumulative grade p remains continuously enrolled at the | oint average throughout her four years, and |
| This scholarship applies to full time program of study in the Women's College and is non-transferable to specialized programs such as 3-2 dual-degree study or School of Pharmacy. | |
| the large number of qualified students, your to number of scholarships available for the next | niversity within three weeks of receipt of this letter. Due to imely response will allow the University to determine the round of awarding. Acceptance of the scholarship is not the tay 1 st is the National Candidate Reply Date for all a by that date. |
| | institutional dollars awarded in this scholarship using various funding can be made at the University's discretion based on ts will be notified of any changes. |
| I would like to accept this offer of scholarship | p as a member of the incoming class. |
| Student Signature | Date |