

Southern Scholarship Foundation Scholarship Acceptance Form



Please complete and return this form, along with a non-refundable **\$300 reservation fee* (check, money order, or credit card form)**, to Southern Scholarship Foundation. Hard copies mailed; **no faxes, please.** *Note, of the \$300 reservation fee, \$150 qualifies as a refundable security deposit once a resident withdraws from our program.

I, _____, have read and understand the Southern Scholarship Foundation's Resident Handbook and Code of Conduct.

Furthermore:

- I understand that this acceptance is contingent upon my graduating and/or completing the current semester with a minimum 3.0, unweighted GPA. I also understand that if I do not have the minimum required GPA upon semester of move-in, I forfeit my scholarship and \$300 reservation fee.
- I understand that if I cancel my plans to move in to Southern Scholarship Foundation, I forfeit my scholarship and \$300 reservation fee.
- I accept the ideals, responsibilities, and obligations found in this handbook and agree to abide by the policies, rules, and regulations described therein. I am expected to conduct myself in a responsible manner consistent with Southern Scholarship Foundation policies, the University Student Conduct Code, the laws of the State of Florida, as well as Federal laws.
- I give Southern Scholarship Foundation permission to contact my parents/guardians if I am not meeting SSF expectations.
- I am aware that this scholarship is renewable each semester based on my academic achievement, student status, continuous financial need, and ability to live cooperatively. I am aware of the causes for non-renewal and dismissal from Southern Scholarship Foundation.

The following list of prohibited conduct, includes, but is not limited to activity for which immediate dismissal (24 hour notice) will occur:

- ◆ Possession and/or consumption of alcoholic beverages on SSF property
- ◆ Possession, use, or sale of illegal drugs
- ◆ Possession and/or use of firearms or weapons on SSF property
- ◆ Stealing property
- ◆ Being on the roof
- ◆ Knowingly initiating or causing any false report
- ◆ Possessing firearms, weapons, fireworks, or other incendiary devices on SSF property
- ◆ Failing to comply with Federal, State, and Local laws for the locale in which the house exists

The following may result in immediate dismissal or non-renewal:

- ◆ Inability to live cooperatively
- ◆ Failure to maintain academic requirement – 3.0 cum GPA
- ◆ Failure to meet course load requirement – full-time student per semester
- ◆ Failure to pay required Food & Services Bill by given deadline
- ◆ Dismissal from the University
- ◆ Destruction of SSF property
- ◆ Causing physical harm or reasonable apprehension of such harm

Student Declaration: I attest to the fact that I would not be able to attend school or that I would face a major financial struggle while attending school without this scholarship. I understand that my reservation fee will not be refunded if I cancel acceptance prior to residency.

Student Signature

Date

Parent Declaration: I, _____, the parent/guardian of _____, have read Southern Scholarship Foundation's Resident Handbook and Code of Conduct. I understand Southern Scholarship Foundation's expectations of my student and agree to lend the Foundation my support, both emotional and financial.

Parent/Guardian Signature

Date

\$300 Reservation Fee/Security Deposit Authorization

Applicant Name: _____

SS#: _____

I am paying the \$300 Reservation Fee by: Check Money Order Credit Card

Check/Money Order Information:

Name (as it appears on the check): _____ Check/Money Order Number: _____

Credit Card Information:

Name (as it appears on the card): _____

Street Address: _____ Unit/Apt./P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Email Address: _____

Total Amount Due: \$307 (\$300 + \$8 credit card fee)

Please charge to the following card:

Visa Mastercard American Express **Expiration Date:** (Month) ____ (Year) ____ **CSC/CVV #:** _____

Credit Card Number: - - -

Cardholder's Signature: _____

Date: _____

For SSF Office Use: Date Received _____ Check/Money Order # _____ Received By _____ Amount \$ _____