Buc Hero Scholarship Application

This scholarship is intended to assist veterans and dependents who qualify for GI Bill benefits with the cost of out-of-state tuition expenses.

Eligibility Requirements:

* Only for students who are receiving out of state tuition charges.
* The veteran must have been “Honorably” discharged from service or still currently serving.
* The student must provide proof with the most recent copy of the veteran’s Member 4 DD-214.
* Freshmen:
  + Minimum high school GPA of 3.0
  + Minimum ACT composite of 22 or SAT score of 1020 (Math and Critical Reading scores only)
  + Applicants who do not meet this criteria may be selected based on length of military service.
* Transfers:
  + Minimum transfer GPA of 3.2 and
  + Minimum of 24 transferrable hours
  + Applicants who do not meet this criteria may be selected based on length of military service.
* Graduate Students:
  + Automatically considered upon admission to a graduate degree or graduate certificate program

Renewal Criteria:

* Renewable for 3 additional years for undergraduates provided the student maintains a 2.5 overall GPA and completes at least 12 credits per semester.
* Renewable for up to 2 years for Master’s degree students by maintaining an overall GPA of at least 3.0 and passing a minimum of 9 credits per semester.
* Renewable for up to 5 years for educational specialists and doctoral students by maintaining an overall GPA of at least 3.0 and passing a minimum of 9 credits per semester.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that approval of the Buc Hero Scholarship qualifies me for receipt of up to 60% of out of state tuition coverage. I understand that I must maintain the above eligibility criteria in order to continue to receive this scholarship, and if at any point these criteria are not met, this scholarship may be revoked. I understand that this scholarship applies only to out of state tuition costs, and if at any point I become eligible for in state tuition, the scholarship will no longer be applied.

E #: Name (Print):

Signature: Date:

Veterans Affairs Office Signature/Date: