



2018–2019 College of Pharmacy Merit Scholarship
Terms and Conditions

The Roosevelt University College of Pharmacy Merit Scholarship is awarded at the time of admission. The award amount, which is indicated within your admission letter and on the attached *Scholarship Acceptance Form*, will be paid to your student account in three equal installments over the first three terms of your studies at Roosevelt University.

This scholarship may be deferred up to one year in extenuating circumstances provided the College of Pharmacy also grants a deferral of enrollment for the same time period.

This College of Pharmacy Merit Scholarship is renewable for each additional year of enrollment for three years total, provided that all scholarship conditions and qualifications are maintained.

Be advised that the scholarship award will be rescinded in any of the following circumstances:

- You fail to maintain a minimum 2.00 grade point average beginning in the fall 2018 term.
- You are placed on academic and/or disciplinary probation.
- You do not enroll as a full-time student within the academic year for which the scholarship is to be disbursed.
- You no longer meet the scholarship qualifications.

Please sign the attached *Scholarship Acceptance Form* to indicate your intent to accept or decline this award and return it by email to cop@roosevelt.edu or by mail to:

Roosevelt University College of Pharmacy
Office of Enrollment and Student Services
1400 N. Roosevelt Boulevard – Room 430
Schaumburg, Illinois 60173

Should you have any questions, please contact the College of Pharmacy at 847-330-4500 or via email at cop@roosevelt.edu.

Scholarship Acceptance Form

College of Pharmacy / PharmD

Please complete/sign this form and email to cop@roosevelt.edu.

Contact Information:

First Name: _____ **Last Name:** _____

Roosevelt Student ID#: _____

Email Address: _____ **Phone:** (____) _____ - _____

Mailing Address:

Street Apt./Unit

City State Postal Code

Scholarship Annual Award

Do you accept the College of Pharmacy Merit Scholarship award? Yes No

By signing this form, I acknowledge that I have reviewed and understand the Roosevelt University College of Pharmacy Merit Scholarship eligibility policies.

Student Signature

Date

Department Signature

Date

Departmental Authorization: