



## Eligibility Reinstatement Form

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

Name of University, College, or Technical College you are attending to which this form must be submitted:

Student Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

SSN\* or Student ID: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

I hereby certify that I have raised my cumulative Grade Point Average (GPA) to meet or exceed the minimum continuing eligibility requirement and request that my eligibility be reinstated. I authorize officials of the higher education institution at which I enroll access to any of my education records for purposes of verifying the validity of my information. I authorize release of this information to the Executive Director of the South Dakota Board of Regents or his designee for purposes of awarding scholarship funds and auditing. I hereby assign to the institution named above the right to receive all scholarship monies payable to me, provided that they be applied solely to defray tuition or fee charges levied against me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### THIS SECTION IS INTENDED FOR INSTITUTIONAL USE ONLY

Term cumulative GPA Fell Below 3.0: \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Year

What was the Cumulative GPA below 3.0 that caused the student to lose eligibility? \_\_\_\_\_

Term cumulative GPA reestablished to at least 3.0:

\_\_\_\_\_ Spring

\_\_\_\_\_ Summer

\_\_\_\_\_ Fall

\_\_\_\_\_ Year

Current Cumulative GPA: \_\_\_\_\_

I hereby certify that this student has met the continuing eligibility requirements for the South Dakota Opportunity Scholarship for the terms previously attended at this institutions except for the cumulative GPA during the term indicated above. [Continuing eligibility requires the scholarship recipient to be continuously enrolled, meet the credit hour benchmark established for each forthcoming year, in new courses (no repeats), and maintain a cumulative 3.0 GPA on a 4.0 scale (first calculated after the second semester and for every semester thereafter)]. I further certify that this is the only reinstatement for which the student is eligible.

\_\_\_\_\_  
Registrar/Records Official

\_\_\_\_\_  
Higher Education Institution

\_\_\_\_\_  
Date

The student is responsible for arranging submission of all official transcripts and documents that demonstrate compliance with the scholarship's continuing eligibility requirements.

Submit this Eligibility Reinstatement form by **February 15 for the spring semester** or **September 20 for the fall semester** to the Financial Aid Director of your university, college, or technical college.

\*Disclosure of your Social Security Number (SSN) is voluntary, and if you decline to provide it to us, it will not affect your eligibility. The SSN will be used solely to keep accurate records, particularly in the event that you wish to transfer your scholarship from one participating institution to another, and to evaluate the program. The SSN is confidential information and will not be released to third parties without your consent.