



Initial Eligibility Application 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 to which you must send the completed application.

Student Name: _____
Last First Middle

Social Security Number*: _____ Home Telephone: _____

Home Address: _____
Mailing Address City State ZIP

Name of South Dakota High School: _____

High School Address: _____
Mailing Address City State ZIP

Cumulative high school grade point average: _____ (A GPA of at least 3.0, or grade of B, is required.)

ACT Composite, ACT SuperScore, SAT Verbal/Math Score, or Smarter Balance Language Arts/Math Score _____ (A minimum ACT Composite or Superscore of 24 is required, or the equivalent sum of the verbal and mathematics score on the SAT – see SDBOR AAC Guideline 7.6 – Appendix D for ACT to SAT conversion table. See COVID Exemption Document for Smarter Balance Requirements)

NOTE: Please attach a copy of official High School Transcript and a copy of the ACT or SAT Score Report to this form. (School officials may certify ACT or SAT scores by placing them on the student's official transcript in place of providing a separate copy of the score report.)

Please list below the name of your High School Guidance Counselor or other authorized high school representative who may be contacted to verify the curriculum and academic documentation provided in association with this application form.

Name of High School Representative: _____
Title: _____

I authorize officials of the higher education institution at which I enroll access to any of my school records for purposes of verifying the validity of my application 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 authorize officials of the South Dakota Board of Regents and the higher education institution at which I enroll to release directory information (name and hometown) from the application materials to the news media should I be awarded the South Dakota Opportunity Scholarship. 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

Submit this application form as soon as possible, but no later than **September 1 for fall enrollment** or **January 15 for spring enrollment**, to the admissions office of the university, college, or technical college the applicant plans to attend. The student is responsible for arranging submission of all official transcripts and documents that demonstrates compliance with the scholarship's eligibility requirements.

***Deadline extended to September 21 for Fall 2020 semester ONLY**

**Disclosure of your 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.*

Postsecondary School Use Only Certification