



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 School 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.)

NOTE: Please Attach a copy of official High School Transcript to this form.

ACT Composite or SAT verbal/math score: _____ (A minimum ACT composite 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.)

NOTE: School officials must certify scores by placing it on the student's official transcript or attaching a copy of the student's ACT or SAT Score Report to this form.

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

I hereby state the above information is true and has been verified. I certify that the above named student has met the curriculum and academic requirements and is eligible for the South Dakota Opportunity Scholarship.

Authorized Representative of Student's High School

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 school 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.

**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