



SAMPLE

Office of Scholarships & Financial Aid
University of North Carolina Wilmington
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SOAR Ambassador Scholarship Agreement

Student Name: _____ 850: _____

Award Year: 2017-2018 Year in Program: First Year Ambassadors

Please initial on each line to indicate you understand and agree to the following conditions:

_____ 1) I will complete my FAFSA by December 1 and submit all verification documents (if necessary) by January 1.

_____ 2) I understand that the SOAR Ambassador Award is renewable per academic year for a maximum of eight semesters.

_____ 3) I will participate and complete all required hours for the CLAMS program and a minimum of 10 hours of community service.

_____ 4) I will attend 4 required events with my assigned Peer Advisor.

_____ 5) I will attend all required meetings with the SOAR Program Coordinator and Peer Mentors.

_____ 6) I will submit all documentation to the Office of Scholarships and Financial Aid and respond to all communications from the office in a timely manner.

_____ 7) I understand that failure to adhere to the above conditions and all requirements outlined in the SOAR Ambassador Program Handbook will result in dismissal from the program.

_____ 8) I understand and accept the terms of the scholarship agreement. Please apply the SOAR Ambassador Scholarship to my financial aid award package in accordance with university policy.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____