



SCHOLARSHIP PLAN

Chapter Name: _____

Semester: _____

Individual completing this report:	
Phone Number:	
Email Address:	

Please be sure to include the following components when submitting your Scholarship Plan. *Please return this form with your plan.*

1. Chapter Scholarship Mission.
2. Please state your chapter's goal GPA for the upcoming semester.
3. Please state your chapter's GPA for the previous semester.
4. Define your minimum GPA requirement for ALL members (new and active).
5. Describe your program for members who fall below this GPA requirement. This program can include but is not limited to:
 - Additional support programs/resources
 - Loss of privileges
 - Probation status
6. Outline any additional programs or services offered by the chapter to encourage high scholarship. For example:
 - Recognition programs
 - Tutoring
 - Educational sessions (time management, note taking, etc)

If you have any questions please feel free to call Keri at ext. 7904 or stop by the Student Union, Room 104 to set up an appointment.