ATTACHMENT A

Form of the Scholarship Request Application

Scholarship Request Application

University of New England (UNE) in conjunction with **Logan Health** offers a scholarship totaling **25%** of tuition charges for the term and number of credits as indicated below. Additional fees beyond tuition are the responsibility of the student. This scholarship applies to all UNE Online matriculated degree and certificate programs. Courses per student are allowed to be repeated in this Application once per Course. Failure to meet satisfactory progress in the Courses may cause the student to lose eligibility of the Scholarship.

This application must be completed and approved **EACH TERM** for each student enrolled in the Course(s). **Please send the completed and signed application to: onlineadmissions@une.edu.**

Name:	
UNE PRN:	

	Term Enrolled (ex: 2023)	**Number of Credits Enrolled**
Fall:		
Spring:		
Summer:		

Note: It is the student's responsibility to notify UNE's Student Financial Services of any changes in enrollment.

Applicant's Signature: _____

Required approval:

Logan Signature: _____

UNE College of Professional Studies: _____