GEORGE C. BROOKS SCHOLARSHIP
PARTICIPATION AGREEMENT


By accepting this award, I agree to meet the following requirements each year: (please initial each)

_________ Maintain a cumulative grade point average of 2.5 or above.

_________ Earn at least 24 Mizzou credit hours each academic year.

_________ Participate in the MAP Scholars Program

_________ NO, I AM DECLINING THE GEORGE C. BROOKS SCHOLARSHIP FOR THE 2014-2015 ACADEMIC YEAR.

I WILL BE ENROLLING AT ____________________________________________________________

*For additional information about the MAP PROGRAM, please contact Academic Retention Services, 101 Student Success Center, University of Missouri, Columbia, MO 65211 or call 573-882-9208.

Name:

Student ID Number:

Signature: ____________________________ Date: ________________

(Required)

Mail or Fax form to:
India Wells
University of Missouri
230 Jesse Hall
Columbia, MO 65211

FAX (573) 882-7887