CS-LEAP Scholarship Agreement
Computer Science Program
SUNY Potsdam

1. **AWARD ELIGIBILITY:**

   As a CS-LEAP Scholarship recipient, I attest that:

   (A) I am (check one)

   ☐ a citizen or national of the United States as defined in Section 101(a) of the Immigration and Nationality Act

   ☐ an alien admitted as a refugee under Section 207 of the Immigration and Nationality Act

   ☐ an alien lawfully admitted to the United States for permanent residence

   (B) I demonstrate financial need according to my FAFSA. I agree to file a FAFSA and TAP application in a timely manner for each academic year to be considered for a CS-LEAP Scholarship renewal. I understand that the amount of my CS-LEAP Scholarship is limited to $10,000 per academic year and that my scholarship award may be adjusted according to my demonstrated financial need.

2. **ACADEMIC ELIGIBILITY:**

   In each semester of my CS-LEAP scholarship award period at SUNY Potsdam, I agree to meet the following academic eligibility requirements:

   (A) I will maintain acceptable academic standing at SUNY Potsdam.

   (B) I will continue my status as a declared major in Computer Science.

   (C) I will carry a full-time (12 semester hours or more) academic load.

   (D) I will make satisfactory progress toward meeting CS major requirements and the SUNY Potsdam Bachelor's degree requirements.

   (E) I will maintain a 2.5 Grade Point Average in all courses required for the CS major.

   If I fail to meet any of these academic eligibility requirements for a particular semester, I understand that I will be placed on CS-LEAP Scholarship probation. If I do not remedy my probationary status in the next full semester (excluding Summer Session), I will lose my CS-LEAP Scholarship support.

   If I withdraw from all classes in a particular semester, I will lose my CS-LEAP Scholarship support.

3. **LEADERSHIP ACTIVITIES:**

In each semester of my CS-LEAP scholarship award period at SUNY Potsdam, I agree to participate regularly in CS-LEAP Leadership-related activities including weekly Leadership Seminar meetings (normally held on Fridays at 2pm), business etiquette dinners, CS Board of Advisors meetings, and other Leadership events as arranged by the CS-LEAP staff.

I understand that if I have more than two unexcused Leadership activity absences, I will be considered probationary for CS-LEAP Scholarship support for the following semester. If I have more than four unexcused Leadership activity absences in a particular semester, or if I am on probationary status and have more than two unexecused Leadership activity absences, I will lose my CS-LEAP Scholarship support for the following semester.

4. **DURATION OF SUPPORT:**

I understand that I will receive CS-LEAP scholarship support from SUNY Potsdam for a maximum of four semesters, unless extended by the CS-LEAP staff, and that my eligibility for continuing support will be examined at the end of each semester of attendance according to the provisions in sections 1B, 2, and 3.

5. **CERTIFICATION:**

I certify that I have read and understand the terms of this Scholarship Agreement and that I agree to its provisions.

_____ Name (printed)   _____ Birthdate

_____ Signature   _____ Date