

2011-12 OPPORTUNITY GRANT SCHOLARSHIP STUDENT/ADVISOR CONTRACT

Student Name _____ SID: _____

Congratulations and welcome to the Opportunity Grant program. In order to fully benefit from the program's services, it is important to understand our commitment to you as a student and also your role as an Opportunity Grant award recipient.

The Opportunity Grant (OG) Advisors will work closely with you to provide comprehensive services in support of your career and educational goals. As a participating student, **you will be responsible for the following in order to maintain eligibility:**

- I will make every effort to complete my program pathway in Accounting, I-BEST, Business or Healthcare with a Certificate of Completion, Certificate of Proficiency, AAS Degree, or my established program plan.
- I will complete my **Free Application for Federal Student Aid (FAFSA) every year by the end of April**, with the understanding that if my income or unmet need (according to the Financial Aid office) changes it is possible that I will no longer qualify for the OG Grant.
As advisors we are here to help you with completing your FAFSA. You do not have to do it on your own. We are here to help make sure your financial aid file is complete and assist you in understanding your award letter and the different types of funding.
- I will meet with an OG Advisor **monthly** to review my academic progress and throughout the quarter I will keep the advisor informed of any academic or personal issues that negatively impact my college progress or attendance. **I understand that if I miss 2 consecutive meetings with my OG Advisor, without calling in advance, then I am at risk of losing my OG award.** If you do not already have an academic plan we will help you create one. When you are faced with academic and personal challenges your advisor is here to help you problem solve so that you can attain your educational goals.
- I will meet with an OG Advisor **prior to making any changes** to my program or quarterly class schedule. Making changes to my program or class schedule without consulting with my OG Advisor **FIRST** may result in losing my OG award.

- I also understand that if I drop classes after the 10th day of the quarter those credits will be deducted from my allotted 45 OG credits. We are here to assist you in making changes to your schedule and picking your classes prior to beginning your program or quarter.
- I will inform an OG Advisor of any changes to my address, phone number and email address. We will remain in contact with you via newsletters, phone calls, and e-mails with information about your academic status, scholarships, and other pertinent information.
- I will maintain satisfactory academic progress with a GPA of 2.0 or higher and I will take at least 10 credits per quarter. We will assist you in accessing resources on campus when you are struggling.
- I understand the OG scholarship can only pay a maximum of 45 credits or 3 years in my program of study and a maximum of \$1000 per year (full-time status) for books. OG cannot pay for non-program related courses or books.
- I understand that OG funding is contingent on continued availability of state funds and awards are not guaranteed beyond the current year.
- I understand that my success in this program depends on me and on my commitment and participation in class lessons, discussions and activities.
- I understand that participation in the Opportunity Grant Scholarship requires the OG staff to have access to my student records. I approve release of my grades, transcripts, financial aid information, tests results, and any other information related to my educational endeavors to the Opportunity Grant Program with the assurance that the information will be held in the strictest confidence. I also allow OG staff to share information related to my education and participation in the OG program with other colleges or community agencies as needed.

If you **fail to comply** with **any** of the guidelines above, you may be placed on probation for up to one academic quarter. The OG advisors will work closely with you to try to resolve any barriers to your education. If after the probationary period, you still fail to comply with the OG guidelines, **you will lose OG funding and be removed from the program.**

Student Signature _____ **Date:** _____

Advisor Signature _____ **Date:** _____