2018 TOPS Scholarship Agreement

I __________________________ understand that I have been selected to receive a TOPS Scholarship for the 2018 - 2019 academic year and that in order to accept those funds I must agree to certain conditions and requirements [outlined below].

I understand that the TOPS scholarship funds are exclusively for students who:

- Are pursuing their first undergraduate STEM degree in the Fisher College of Science and Mathematics (FCSM) at Towson University
- Enroll in and earn a minimum of 12 credits for every fall and spring semester
- Enroll in and earn at least 24 units per academic year (Fall-Spring) *(While these are the minimum scholarship eligibility requirements, we strongly encourage you to complete at least 30 units per year to complete your degree on-time.)*
- Maintain a cumulative 2.5 TU grade-point average
- Participate in TOPS activities over the entire academic year while a member of TOPS
  - Including the MANDATORY week-long summer experience (7/22-7/28)
  - Cohort meetings, field trips, workshops and seminars, one-on-one meetings, tutoring and mentoring*
- Are an active participant in a STEM community
- Are US citizens or permanent residents

and should I not adequately meet the above stated conditions, I will lose the scholarship support.

I understand that the scholarship is potentially renewable but that renewal is not guaranteed. Renewal depends on continuation of funding, continuation of my eligibility, and successfully meeting my academic and TOPS obligations (as outlined above).

Your total combined financial aid and educational benefits from all sources can never exceed your annual TU Cost of Attendance Budget. Other aid programs may also have additional restrictions on your combined aid.

I promise to meet with the STEM Program Director [Smith Hall Room 303A, 410-704-3128, TOPS@towson.edu], during regularly scheduled meetings to discuss my academic progress and engagement in TOPS activities. I will be proactive in requesting any academic assistance/advice I might need and will inform the TOPS office of any changes in my academic status.

________________________  __________________________
Signature                        Date

* Applies to each year that I am a member of TOPS.