



HUTCHISON PORTS FCP SCHOLARSHIP RENEWAL FORM

Please submit this form on or before June 30 for the fall semester and/or January 6 for the spring semester.

Name _____ Date of Birth _____

Home Phone: _____ Cell Phone _____

Email Address _____ Alternate Email _____

Name of University Presently Attending _____

Major _____

Are you a:

- Senior
- Junior
- Sophomore
- Freshman

Semester GPA _____. Please attach a copy of your most recent transcript to this form.

Signature _____

Date of Submission _____

Conditions of Award

Continued financial assistance is subject the following conditions:

1. Students maintain the required term GPA or higher throughout the scholarship period.
2. **At management's discretion.**